


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90059 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000097360					
1. Corporation Name RE-COVER ASPHALT MAINTENANCE, INC.					
Principal Place of Business 10757 CLEARY BLVD. STE 111 PLANTATION FL 33324			Mailing Address 10757 CLEARY BLVD. STE 111 PLANTATION FL 33324		
2. Principal Place of Business 21 1850 NW 97TH AVE Suite, Apt. #, etc. 22 PLANTATION, FL. City & State 23 33322 BROWARD Zip Country 24 33322 25 BROWARD		2a. Mailing Address 26 1850 NW 97TH AVE Suite, Apt. #, etc. 27 PLANTATION, FL. City & State 28 33322 BROWARD Zip Country 29 33322 30 BROWARD		3. Date Incorporated or Qualified 11/25/1996	
		4. FEI Number 65-0712554		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent BAR, ITSCHAK 10757 CLEARY BLVD. STE 111 PLANTATION FL 33324			10. Name and Address of New Registered Agent 81 Name BAR, ITSCHAK 82 Street Address (P.O. Box Number is Not Acceptable) 1850 N.W. 97TH AVE. 83 PLANTATION 84 City FL 85 Zip Code 33322		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-99 - 954 370-0079

CR2E034 (11/98)