**PROFIT** CORPORATION ANNUAL REPORT



DOCUMENT # P96000097360

RE-COVER ASPHALT MAINTENANCE, INC.

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

1999

DIVISION OF CORPORATIONS

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

03-16-1999 90059 008 \*\*\*150.00



Mailing Address Principal Place of Business 10757 CLEARY BLVD. STE 111 10757 CLEARY BLVD. STE 111 PLANTATION FL 33324 PLANTATION FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/25/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 9774 1850 NW 65-0712554 Not Applicable 850 NW 26 \$8.75 Additional Suite, Apt. #, etc. ite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required ANTATION 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State П Added to Fees BROWARD Trust Fund Contribution 8. This corporation owes the current year Intangible Country Zip BROWARD Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BAR, ITSCHAK Street Address (P.O. Box Number 1850 N.W. 10757 CLEARY BLVD. STE 111 PLANTATION FL 33324 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE BAR JITSCHQITH AVE BAR, ITSCHAK NAME 10757 CLEARY BLVD. STE 111 1.3 STREET ADDRESS STREET ADDRESS MOJTATION **PLANTATION FL 33324** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE SECRETARY TITLE BAR ITSCHAR AVE BOHBOT, MEIR 22 NAME NAME 717 NW 89TH AVE 2.3 STREET ADDRESS STREET ADDRESS PLANTATION, EL. **PLANTATION FL 33324** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3**-15-99 - 954 370-0079