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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000042937 1. Corporation Name

ASPHALT CARE COMPANY, INC.

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90281 005 \*\*\*150.00



Principal Plac	e of Business	Mailing Address	Mailing Address						
11302 SW 174		•	11302 SW 174 TERRACE						•
MIAMI FL 33157		MIAMI FL 33157							
						DO NOT	WRITE IN THIS	SPACE	
						3. Date incorporated or Qua 05/14/1997	lifed		
2. Principal P	2a. Mailing Address	Address			4. FEI Number			Applied For	
21		26	<u></u>			65-0245365			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desire	ed 🗌	\$8.7	5 Additional
22						3. Certificate of Status Desire		Fee	Required
City & State City & State						6. Election Campaign Finance	ing	\$5.0	<b>0</b> May Be
23 28		28	···			Trust Fund Contribution		Adde	ed to Fees
Zip	p Country Zip			′		8. This corporation owes the	current year In	tangible	l
24	25 29 30					Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent		_		10. Name and Address of N	ew Registered	Agent	
DVI	CO DICUADO D		∤81	۱ ۱	Name				l
PYLES, RICHARD B			82	82 Street Address (P.O. Box Number is Not Acceptable)					<del></del>
	43 OLD CUTLER ROAD			_					
MIAMI FL 33189			83	83					
			84	7	City		P= 1	85 Z	ip Code
				L,			FL	<u>ll</u>	
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									
	m familiar with, and accept the obligat								
SIGNATURE	·								
				egistered Agent signature require			DATE A	UD DIBEC	TORCIN 12
12.	VP OFFICERS AN	DELETE	<del>-</del>			ADDITIONS/CHANGES TO	OFFICERS A	☐ Chang	
TITLE	SKEEN, GREGORY A	PEDELEIC	1.1 TITLE		}				le Magilion
NAME	11302 SW 174 TERR		1.2 NAME						ļ
STREET ADDRESS			1.3 STREE		J				
CITY-ST-ZIP	MIAMI FL 33157	M perest	1.4 CITY-S	T-ZU	P			F7.0	
TITLE	ST ALBERTO	DELETE	2.1 TITLE		.			Chang	je 🔲 Addition
NAME	SILES, ALBERTO		2.2 NAME		`				}
STREET ADDRESS	11302 SW 174 TERR		2.3 STREE	T ADI	DRESS				
CITY-ST-ZIP	MIAMI FL 33157			T- Z	IP .				
TITLE	•			3.1 TITLE				Chang	e Addition
NAME	· ·=· · · · · =· · · · ·		3.2 NAME						ì
STREET ADDRESS	11302 SW 174 TERRACE		3.3 STREE	3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	3.4. CITY-ST-ZIP					
TITLE	PRESIDENT	DELETE 4.1T						☐ Chang	e Addition
NAME	BUCHEGER, ANA		4. 2 NAME	4. 2 NAME					[
STREET ADDRESS	203430W CUTLERLED		4.3 STREET	4.3 STREET ADDRESS					. [
CITY-ST-ZIP	MIAMI , FL 33189		4.4 CITY-ST-ZIP		Р				,
T/TLE	VICE PRES E GENERAL GERALD BUCHEGEL 20343 OLD CUTLER R.	MANIA A DELETE	5.1 TITLE					Chang	e . 🗌 Addition
NAME	GENALD BUCHEGEL	- 1-610-00-	5.2 NAME		Į				
STREET ADDRESS			5.3 STREET	[ ADI	DRESS				1
CITY-ST-ZIP			5.4 CITY-S	T-ZIF	Р				ļ
TITLE		☐ DELETE	6.1 TITLE	_			·	☐ Chang	e Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADD	DRESS				ĺ
			•						}

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.

SIGNATURE:

(305)238-2023

CR2E034 (11/98)