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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P97000061079 (4)

CONSTRUCTION AGGREGATES CORPORATION OF FLORIDA

## **FILED** Jan 16 1998 8:00am Secretary of State



Principal Pl	ace of Business	Ma	illing Address									
2431 ESTA	INCIA BLVD. BLDG. A-1	24	131 ESTANCIA BLVD.	BLDG. A-1			,.					
CLEARWAT	TER FL 34621	Cl	Learwater FL 34621	i			00 00	T \4@51T	E INTELIO	יה גרב		
							3. Date Incorporated or C	A	E IN THIS S	PACE	ALP COMMENTS	<u></u>
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- Bringland	Place of Business		Mailing Address				07/14/1997 4. FEI Number			<del></del>	en er in more	
<u> </u>	Place of Business		Maining Address				59-345 779	2/.		<u> </u>	Applied Fo	
21	ot, #, etc.	26	Suite, Apt. #, etc.				77 373 117	<u> </u>		<u> </u>	Not Applic	
<del>                                     </del>	J(, 4, etc.		Suite, Apr. #, etc.				5. Certificate of Status De	sired		T	5 Additions Regulred	aí
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<b>⊢</b> , '	are	<del> </del>	City & state				6. Election Campaign Fin	-	. 🗂 -		May Be	)
Zip	Country	28	Zip	Cour	oto.		Trust Fund Contribution		<u> </u>		d to Fees	
	<b>⊢</b> , ′	<del></del>	Δρ	⊢—	iu y		8. This corporation owes			ent year ] Yes	Intangible No	
24	25 g. Name and Address of Curre	29	arad Agent	30			Personal Property Tax			<del></del>	TAT 146	<u> - تحدیث باد.</u>
		ent negist	ered Agent	<del>-</del> +	81	Name	10. Name and Address of	i lään t	egistered A	gent		
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ı	6CT CORPORATION SYSTEM			[7	82	Street Addre	ess (P.O. Box Number is Not .	Accepta	ble)			
1	200 SOUTH PINE ISLAND RD.			<u> </u>	_			· · · · · · · · · · · · · · · · · · ·		. av. 1. <u>sw. a</u>		<u> </u>
F	PLANTATION FL 33324			1	83							
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						-			FL	.	•	_
44 Durana	nt to the provisions of Sections 607.05	502 and 60	7.1508, Florida Statu	ites, the ab	ove-	латеd corpo	oration submits this statemen	t for the	purpose of	changing	j its registe	
III. Fuisuai			a. Such change was	authorized	Dy t	me corporation	ion's board of directors, i here	oy acce	shr rue appo	nument	az teðister	ered
office o	r registered agent, or both, in the Stat I am familiar with, and accept the obli	igations of.	Section 607,0505, F	lorida Statu	ites.				-			ed ed
	nt to the provisions of Sections 607.05 r registered agent, or both, in the Stat I am familiar with, and accept the obli	igations of,	Section 607.0505, F	florida Statu	ites.				-			ered ed
office o agent, i						_	ed when reinstating)	<u> </u>	DATE			ered ed
	=	agent and title if	applicable. (NO			_		<u> </u>	DATE	Z	er someric	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if	applicable. (NO	OTE: Registered	Agent	_	ed when reinstating)	<u> </u>	DATE	Z	ORS IN 12	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS AI	agent and title if	applicable. (NO	OTE: Registered	Agent	_	ed when reinstating)	<u> </u>	DATE	DIRECT	ORS IN 12	
SIGNATURE  12-  TITLE  NAME	Signature, typed or printed name of registered a OFFICERS AI President David Sensibar	agent and title if	applicable. (NO	13. 1.1 TITL 1.2 NAA	Agent LE VIE	t signature require	ed when reinstating)	<u> </u>	DATE	DIRECT	ORS IN 12	
SIGNATURE 12- TITLE NAME STREET ADDRESS	Signature, typed or priviled name of registered a OFFICERS AI President David Sensibar 5737 South Blacks	agent and title if	applicable. (NO	13. 1.1 TITL 1.2 NAM 1.3 STR	Agent LE ME	t signature require	ed when reinstating)	<u> </u>	DATE	DIRECT	ORS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	Signature, typed or printed name of registered a  OFFICERS AI  President  David Sensibar  5737 South Blacks  Chicano II. Good 3	agent and title if	applicable. (NO TORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	Agent LE ME REET AI Y-ST-	t signature require	ed when reinstating)	<u> </u>	DATE	DIRECT	ORS IN 12 e ∐ Ado	dition
SIGNATURE  12.  TITLE  NAME  STREET ADDRES  CITY-ST-ZIP  TITLE	Signature, typed or primited name of registered a OFFICERS AI President David Sensibar 5737 South Blacks Chicago. IL 60637 Vice tresident	agent and title if	applicable. (NO	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITL 2.1 TITL	Agent LE ME REET AI Y-ST- LE	t signature require	ed when reinstating)	<u> </u>	DATE	DIRECT Chang	ORS IN 12 e ∐ Ado	dition
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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 art 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.

SIGNATURE:

813 796 0665