PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700090616

1. Corporation Name PAVERS & MORE, INC.						
PAVENS	OC IVIONE, INC.			i 188 i	10 16315 10316 1146 1146 14011 GIGH 1 11 1	
,						
Principal Plac	e of Business	Mailing Address				
4540 NE 5TH TERR 4540 NE 5TH TERRACE						
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334				DO NOT WOITE IN TH	IC CDACE	
US		US		DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed 10/22/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0790508	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional	
22 - City & Stat		27			Fee Required	
	te * ·	City & State	•	6. Election Campaign Financing	\$5.00 May Be	
23	0	28	Country	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country □	8. This corporation owes the current year	ntangible XiYes □No	
24	/ 25	29 30	0	Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent	
RICH	HARD P. GREENE, P.A.			loey HAMMET		
	EAST SUNRISE BLVD SUITE 905	5	82 Street Addr			
FORT LAUDERDALE FL 33304			83			
`*			° 454	ONE 5th TERR,		
			84 City	ONE 5th TERR. LAMOGRAME F	85 Zip Code	
			- $ -$	LANDERDALE F	L 33334	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, f Florida. Such change was auth	, the above-named corp norized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.	10 00 51		
SIGNATURE	Joey M. HAMMET	T (PROSIDENT) you n	1- Hammet 3/1	9/99	
	Signature, typed or printed name of registered agent OFFICERS AND		gistered Agent signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
. 12.	D OFFICERS AND	M DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Addition	
HILE	FITCH, JOHN W	A Delle 12	1.2 NAME			
NAME	3561 NE 13TH AVE	/ \	1.3 STREET ADDRESS			
STREET ADDRESS	FT. LAUDERDALE FL 33334					
CfTY-ST-ZIP	D PRESIDENT	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	•^	☐ Change ☐ Addition	
TITLE						
NAME	HAMMET, JOEY M	•	2.2 NAME			
STREET ADDRESS	10920 TAFT STREET PEMBROKE PINES FL 33026	<i>;</i>	2.3 STREET ADDRESS		}	
CITY-ST-ZIP		DELETE	2.4 C/TY-ST-Z/P	LIG ARCINENT	Change Addition	
. TITLE	VILE PRESIDENT		31 TITLE	TAMES K. SHARPE 601 NW 22 ST.		
NAME	JAMES K. SHARPE 10601 N.W 22 ST.	<>	3.2 NAME J	TAMPO IN OFFICE		
STREET ADDRESS	10001 W.W. ZZ	72 01/	3.3 STREET ADDRESS /O	MOROKE PINES FL. 336	726	
CITY-ST-ZIP	PEMBLUKE FIRE FL.			MONNE PINES FL. 3 30	☐ Change ☐ Addition	
TITLE		☐ DEFEIE	4.1 TITLE			
NAME			4, 2 NAME			
STREET ADDRESS	· ·		4.3 STREET ADDRESS	•		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DECE15	5.1 TITLE 5.2 NAME	•	☐ Autride ☐ Vocation	
NAME			U.4 TOUPIL	A	1	
STREET ADDRESS			6 2 CTDEET ADDRESS		I	
			5.3 STREET ADDRESS			
CITY-ST-ZIP	1 97 100	. DELETE	5.3 STREET ADDRESS 5.4 CiTY-ST-ZIP 6.1 TITLE	: :	☐ Change ☐ Addition	

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90222 023 ***158.75