## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham

ANNUAL REPORT 1998

Secretary of State DIVISION OF CORPORATIONS

P97000104238 (5) DOCUMENT #

J.C.O. PAVERS, INC.

Mailing Address

430 SOUTHEAST 11TH STREET

Principal Place of Business

430 SOUTHEAST 11TH STREET

**FILED** Mar 19 1998 8:00am Secretary of State



| SUITE 2020<br>DEERFIELD BEACH FL 33441                        |   | SUITE 2020<br>DEERFIELD BEACH FL 33441                                 |  | DO NOT WRITE IN THIS SPA   | CE                                    |
|---|---|--|--|--|---------------------------------------|
|   |   |  | •••                                      | Date Incorporated or Qualified     12/11/1997  | · · · · · · · · · · · · · · · · · · · |
| 2. Principal P  | lace of Business  | 2a. Mailing Address  |  | 1  | Applied For                           |
| 21 430  | SE 11-14 Sheet  | 26 430 SE 11+  | Last 2. 1                                | - 66.0798786   | Not Applicable                        |
| Suite, Apt.   | ~ ~ ~   | Suile, Apt. 1, etc.  | 202                                      |  | 8.75 Additional<br>Fee Required       |
| City & State  | isteld Beach  | City & State  28 Dearlie   | d Beac                                   | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees        |
| Zip 334   | 141 25 USA  | 29 33441 s   | Country USA                              | 8. This corporation owes or has paid the current Personal Property Tax due June 30.  |                                       |
|   | g. Name and Address of Curre  |  |  | 10. Name and Address of New Registered Age   |                                       |
| AMERILAWYER  343 ALMERIA AVENUE  82 Street Add  82 Street Add |   |  |  | JULIANA FRANCA<br>odress (P.O. Box Number is Not Acceptable)   |                                       |
| CO  | PRAL GABLES FL 33134  |  | 83                                       | 900 E ATLANTIC BLVD I  | 0                                     |
|   |   |  |  |  | <u> </u>                              |
|   |   |  | 84 City                                  | POWERUS BEACH FI   | Zip Code<br>3306 O                    |
| 11. Pursuant  | to the provisions of Sections (197.05)  | 02 and 607.1508, Florida Statutes                                      | s, the above-named o                     | corporation submits this statement for the purpose of cha  |                                       |
| office or fi<br>agent I a                                     | agistered agent, or both/in the State<br>of familiar with, and accept the oblid | e of Florida. Such change was au<br>pations of, Section 607.0505. Flor | ithorized by the corporate ida Statutes. | corporation submits this statement for the purpose of characteristics of directors. I hereby accept the appointment of the purpose of characteristics of the purpose of the | nent as registered                    |
| SIGNATURE A   | 11. (/  | iga  |  | 03/13  | 198                                   |
|   | Signifure, typed or printed name of equileral ag                                | on and tite if applicable (NO1E:                                       | Registered Agent signature re            |  |                                       |
| 12.   | PSTD OFFICERS AN  | ID DIFFECTORS DELETE   | 13.                                      | ADDITIONS/CHANGES TO OFFICERS AND DIF  | RECTORS IN 12 Change                  |
| NAME  | DE OLIVERIA, JOSE C   |  | 1.2 NAME                                 | Ь  | Change LI Addition                    |
| STREET ADDRESS  | 430 SOUTHEAST 11TH STR  | FET  | 1.3 STREET ADDRESS                       |  |                                       |
| CITY-ST-ZIP   | DEERFIELD BEACH FL 3344   |  | 1.4 CITY - ST - ZIP                      |  |                                       |
| TITLE   |   | ☐ DELĒTE   | 2 1 TITLE                                |  | Change                                |
| NAME  |   |  | 2.2 NAME                                 |  |                                       |
| STREET ADDRESS  |   |  | 2 3 STREET ADDRESS                       |  |                                       |
| CITY-ST-ZIP   |   |  | 2. 4 CITY - ST - ZIP                     |  | ··                                    |
| TITLE   |   | ☐ DELETE   | 3.1 TITLE                                |  | Change Addition                       |
| HAME  |   |  | 3.2 NAME                                 |  |                                       |
| STREET ADDRESS  |   |  | 3.3 STREET ADDRESS                       |  |                                       |
| CITY - ST - ZIP   |   | DELETE   | 3.4. CITY-ST-ZIP                         |  | Change                                |
| NAME  |   |  | 4.2 NAME                                 | ٠  | orange CT Haditott                    |
| STREET ADDRESS  |   |  | 4.3 STREET ADDRESS                       |  |                                       |
| CITY-SI-ZIP   |   |  | 44 CITY-ST-ZIP                           |  |                                       |
| TITLE   |   | ☐ DELETE   | 5 1 TOLE                                 |  | Change                                |
| NAME  |   |  | 5 2 NAME                                 |  |                                       |
| STREET ADDRESS  |   |  | 5 3 STREET ADDRESS                       |  |                                       |
| CITY+S1+ZIP   |   |  | 5.4 CITY-ST-ZIP                          |  |                                       |
| TITLE   |   | ☐ DELETE   | 61 TITLE                                 | LI.  | Change                                |
| NAME  |   |  | 6.2 NAME                                 |  |                                       |
| STREET ADDRESS  |   |  | 6.3 STREET ADDRESS                       |  |                                       |
| CITY-ST-ZIP   |   |  | 6.4 CITY - ST - ZIP                      |  |                                       |

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 ompowered 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.