


07271999-90002-009-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

9.

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90002 009 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000015690</b> 1. Corporation Name <b>CLASSIC PAVERS &amp; DESIGN, INC.</b>					
Principal Place of Business 66601 LYONS ROAD STE. H-10 COCONUT CREEK FL 33073			Mailing Address 66601 LYONS ROAD STE. H-10 COCONUT CREEK FL 33073		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>02/16/1998</b> 4. FEI Number <b>65-0813635</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BUCCAFUSCO, RAY</b> <b>66601 LYONS ROAD STE. H-10</b> <b>COCONUT CREEK FL 33073</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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) DATE _____					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE <input type="checkbox"/> DELETE NAME <b>BUCCAFUSCO, RAY</b> STREET ADDRESS <b>66601 LYONS ROAD STE. H-10</b> CITY-STATE-ZIP <b>COCONUT CREEK FL 33073</b>					
TITLE <input type="checkbox"/> DELETE NAME <b>V. P.</b> STREET ADDRESS <b>559 NW 39th AVE</b> CITY-STATE-ZIP <b>DEERFIELD BEACH FL 33442</b>					
TITLE <input type="checkbox"/> DELETE NAME <b>CHARLES MARCONI</b> STREET ADDRESS <b>767 RIVER DELL RD.</b> CITY-STATE-ZIP <b>ORADELL, N.J. 07649</b>					
TITLE <input type="checkbox"/> DELETE NAME <b>SEC</b> STREET ADDRESS <b>NATHANIEL GIORDANO</b> CITY-STATE-ZIP <b>360 W 36ST</b> <b>N.Y., N.Y. 10018</b>					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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.					
SIGNATURE: <b>SIGNATURE REQUIRED</b> <b>7/10/99</b> <b>954-429-1665</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (5/99)

P980000/5690  
603106-90012-29

July 12, 1999

DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

Dear DIVISION OF CORPORATIONS,

We apologize for the late remittance of this form. The first notice was never forwarded to us or to the authorized department. Enclosed is our check for the total of one hundred fifty dollars. Thank you for your time in this matter.

CLASSIC PAVER & DESIGN, INC.  
6601 LYONS RD: BLDG. H-10  
COCONUT CREEK, FL. 33073