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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90076 014 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000027867</b>			
1. Corporation Name <b>A&amp;C FLORIDA PAVERS, INC.</b>			
Principal Place of Business <b>440 S.E. 13TH DRIVE DEERFIELD BEACH FL 33441</b>		Mailing Address <b>440 S.E. 13TH DRIVE DEERFIELD BEACH FL 33441</b>	
2. Principal Place of Business 21 <b>6261 W Atlantic Blvd</b> Suite, Apt. #, etc. 22 <b>Suite 207</b> City & State 23 <b>Margate FL</b> Zip 24 <b>33063</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>6261 W Atlantic Blvd</b> Suite, Apt. #, etc. 27 <b>207</b> City & State 28 <b>Margate FL</b> Zip 29 <b>33063</b> 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>RICETTI, AIDA D 633 S. FEDERAL HIGHWAY SUITE 300A FT. LAUDERDALE FL 33301</b>		10. Name and Address of New Registered Agent 81 Name <b>Aiceth, Aida D.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6261 W. Atlantic Blvd</b> 83 <b>Suite 207</b> 84 City <b>Margate, FLORIDA FL</b> 85 Zip Code <b>33063</b>	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD RICETTI, AIDA D 440 S.E. 13TH DRIVE DEERFIELD BEACH FL 33441</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PSTD RICETTI, AIDA D. 6261 W ATLANTIC BLVD #207 MARGATE, FL 33063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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, with all other like empowered.

SIGNATURE: Aida D Ricetti **AIDA D. RICETTI** 1/25/99 954 968-2784  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)