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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

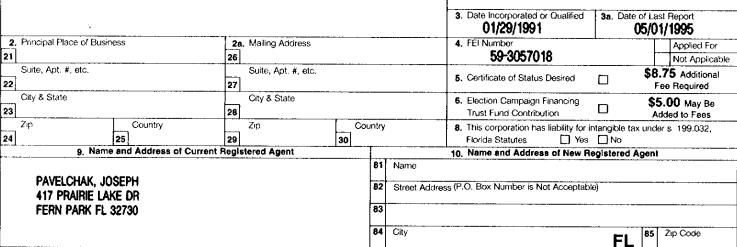
(6)

PAVELCHAK MASONRY, INC.

Principal Place of Business

417 PRAIRIE LAKE DR FERN PARK FL 32730 Mailing Address

417 PRAIRIE LAKE DR FERN PARK FL 32730



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 _	Negative Annual Control of the Contr	- Value - Line				
12.				Registered Agent signature required when reinstaling) DATE		
TITLE	D OFFICERS AND DIR	DELETE	13.	ADDITIONS/CHANGES	O OFFICERS AND DIRECTO	-· · · · · · · · · · · · · · · · · · ·
	PAVELCHAK, JOSEPH	בין מברבוב	1 1 TITLE		☐ Change	Addition
NAME			1 2 NAME			
STREET ADDRESS	417 PRAIRIE LAKE DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	FERN PARK FL		1.4 CITY-ST-ZIP			
THILE	Р	□ DELETE	2 1 TITLE		☐ Change	Addition
NAME	Pavelchak, david K.		2.2 NAME			
STREET ADDRESS	417 PRAIRIE LAKE DR.		2.3 STREET ADDRESS			
CITY-ST-7IP	FERN PARK FL		2.4 CITY - ST - ZIP			
TITLE		☐ DELETE	3. 1 TITLE		Change	■ Addition
			3.2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CITY - ST - ZIP			3.4 CITY - ST - ZIP			
TITLE		☐ DELETE	4 1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			•
CITY - ST - ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5 1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CHTY - ST - ZIP			5.4 CITY - ST - ZIP			
THLE		☐ DELETE	6. 1 TITLE		☐ Change	Addition
NAME			6.2 NAME			•
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6 A CITY - 51 - 7IP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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 cath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

4-28-96 339-3394

CR2E034 (12/95)