

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S54031** (7)

1. Corporation Name
J. LOMASTRO CONSTRUCTION, INC.



Principal Place of Business

5600 HAYES ST
HOLLYWOOD FL 33021
US

Mailing Address

~~4066 N.E. 126TH ST.
OTE 407
NORTH MIAMI FL 33161 5832
UG~~

3. Date Incorporated or Qualified **05/16/1991** 3a. Date of Last Report **05/11/1995**

2. Principal Place of Business
21 **2601 S.W. 79th Ave**
Suite, Apt. #, etc. **Suite 206**
City & State **Davie, Fla.**
Zip **33328** Country **Broward**
22 **Suite 206**
23 **Davie, Fla.**
24 **33328** 25 **Broward**
26 **2601 S.W. 79th Ave**
27 **Suite 206**
28 **Davie Fla**
29 **33328** 30 **Broward**

4. FEI Number **65-0253057** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**LOMASTRO, STEVEN
2066 SW 81ST WAY
DAVE FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 **Steven Lomastro**
Signature typed or printed in block, in full, and title of agent

Steven Lomastro
Signature typed or printed in block, in full, and title of registered agent

6-8-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOMASTRO, GERARDO	
STREET ADDRESS	5600 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOMASTRO, STEVE	
STREET ADDRESS	2066 S.W. 81ST WAY	
CITY-ST-ZIP	DAVIE FL 33329	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRAWLEY, LORI	
STREET ADDRESS	978 SW 149TH TERR	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOMASTRO, GERARDO SR	
STREET ADDRESS	11601 TAFT ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Steven Lomastro
1.3 STREET ADDRESS	2601 S.W. 79th Ave., Suite 206
1.4 CITY-ST-ZIP	Davie, Fla. 33328
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gerardo Lomastro
2.3 STREET ADDRESS	2601 S.W. 79th Ave, Suite 206
2.4 CITY-ST-ZIP	Davie, Fla. 33328
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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), 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: **Steven Lomastro**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-96
DATE

954-424-2155
DAYS TELEPHONE #

CR2E034 (12/95)