## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

V32538

(3)

J. A. PAVERS, INC.

10774 WILES BOAD	10774 WILES ROAD
Principal Prace of Business	Mailing Address

FILED Apr 04 1997 8:00am Secretary of State



10774 WILES ROAD CORAL SPRINGS FL 33067	10774 WILES ROAD CORAL SPRINGS FL 33076	-2009		
			3. Date Incorporated or Qualified 04/29/1992	3a. Date of Last Report 03/01/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 AS ABOVE	26		65-0337136	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	***************************************
24 25	29	30		Yes X No
9. Name and Address of Current I	Registered Agent		10. Name and Address of New Reg	jistered Agent
FRANKEL, KEN M.		81 Name	DDY ADAMETZ	1
7404 EAST ATLANTIC BLVD. POMPANO BEACH FL 33060		82 Street Add	Iress (P.O. Box Number is Not Acceptable	PRO CT
		63		1
I A A		84 CW 7	RAL SPRINGS	FL 85 Zip Code 33065
11. Pursuant value provisions of Sections wi7.0502 office or registered agent for both in the State of agent. Lam white with sight adopt it the joblicate	and 607, 1578, Homos Viatute Liftenius, Such change was at one of, Sector 607, 0505, Flor	s he above-named cor Thorized by the corpora ida Sistutes.	poration submits this statement for the pation's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
SIGNATURE		Registered Agent signature requ	į	DATE
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
THE D	DESCRIE	1.1 THTLE		Change Addition
NAME ADAMETZ, SQDY	13.	1.2 NAME		·
STREET ADDRESS 5510 NW 4918 WAY-		1.3 STREET ADDRESS 8	688 N.W. 43CT.	
CITY ST ZIP GOONUT CREEK FL		1.4 CITY-ST-ZIP	688 N.W. 43CT. BRAL SPRINGS, FO	L. 33065
Title	DELETE	2.1 TITLE		Change Addition
NAME		22 NAME		<b>,</b>
SIBEET ADDRESS		2.3 STREET ADDRESS		
C/TY-S1-ZIP		2. 4 CITY - ST - ZIP		
Tille	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		33 STREET ADDRESS		]
CHY+S1+ZiP		3.4. CITY+ST-ZIP	•	1
TULE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME	·	1
STREET ADDRESS		4.3 STREET ADDRESS		ļ
E-17 - 51 - 74P		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
SIREEL ADDRESS		5.3 STREET ADDRESS		1
·		2.0 OTHER BUDGESS		
CHY-ST-7F		tacity or no l		1
r room	DELETE	5.4 CITY-\$T-ZIP		Change Addition
1	☐ DELETE	6.1 TITLE		Change Addition
NAME '*-	☐ DELETE	6.1 TITLE 6.2 NAME		Change Addition
[	☐ DELETE	6.1 TITLE		Change Addition

4. To hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(j), 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 ampoward to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if Quanged, or to an atlachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 (954) 341-362