

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # V52025 (6)**  
 1. Corporation Name  
**COLONNA ASPHALT RESTORATION, INC.**



Principal Place of Business: ~~2830 NW 17TH TER FT LAUDERDALE FL 33311 US~~  
 Mailing Address: ~~2830 NW 17TH TER FT LAUDERDALE FL 33311 US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1100 S. Powerline Rd.		26 1100 S. Powerline Rd.		07/17/1992	
22 Suite, Apt. #, etc. 110		27 110		4. FEI Number 65-0344462	
23 City & State Deerfield Bch., FL		28 Deerfield Bch., FL		Applied For Not Applicable	
24 Zip 33442		29 33442		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country U.S.A.		30 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRIGOLA, MICHELLE C. ONE FINANCIAL PLAZA SUITE 2012 FT LAUDERDALE FL 33394				81 Name <i>Lina Colonna</i>			
				82 Street Address (P.O. Box Number is Not Acceptable) <i>1100 S. Powerline Rd</i>			
				83 <i>Suite 110</i>			
				84 City <i>Deerfield Beach</i> FL 85 Zip Code <i>33442</i>			

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: *Lina Colonna* DATE: *4-9-98*

Signature: If not a printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLONNA, JAMES J.	1.2 NAME	Linda Colonna
STREET ADDRESS	8387 SAWPINE RD	1.3 STREET ADDRESS	8387 Sawpine Rd.
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	<del>DP</del> <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLONNA, RICHARD A.	2.2 NAME	Richard A. Colonna
STREET ADDRESS	12850 SR 84 11-12	2.3 STREET ADDRESS	12850 SR 84 11-12
CITY-ST-ZIP	PORT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33325
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Jorge M. Toledo
STREET ADDRESS		3.3 STREET ADDRESS	1100 S. Powerline Rd., Suite 110
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Deerfield Beach, FL 33446
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Linda Colonna* President DATE: *02/12/1998*

CFR2E034 (10/97)