

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90007 035 \*\*\*150.00

0347385

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V52025**

1. Corporation Name  
**COLONNA ASPHALT RESTORATION, INC.**



Principal Place of Business  
1100 S POWERLINE RD  
110  
DEERFIELD BEACH FL 33442  
US

Mailing Address  
1100 S POWERLINE RD  
110  
DEERFIELD BEACH FL 33442  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/17/1992**

4. FEI Number

**65-0344462**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**COLONNA, LINDA  
1100 S POWERLINE RD  
SUITE 110  
DEERFIELD BEACH FL 33442**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                               |                                            |
|----------------|-------------------------------|--------------------------------------------|
| TITLE          | DP                            | <input type="checkbox"/> DELETE            |
| NAME           | COLONNA, LINDA                |                                            |
| STREET ADDRESS | 8387 SAWPINE RD               |                                            |
| CITY-ST-ZIP    | DELRAY BCH FL 33446           |                                            |
| TITLE          | S                             | <input checked="" type="checkbox"/> DELETE |
| NAME           | COLONNA, RICHARD A            |                                            |
| STREET ADDRESS | 112850 SR 84 11-12            |                                            |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33325      |                                            |
| TITLE          | V                             | <input type="checkbox"/> DELETE            |
| NAME           | TOLDEO, JORGE M               |                                            |
| STREET ADDRESS | 1100 S POWERLINE RD SUITE 110 |                                            |
| CITY-ST-ZIP    | DEERFIELD BEACH FL 33446      |                                            |
| TITLE          |                               | <input type="checkbox"/> DELETE            |
| NAME           |                               |                                            |
| STREET ADDRESS |                               |                                            |
| CITY-ST-ZIP    |                               |                                            |
| 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

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 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 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:

*Linda Colonna*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/5/99*

Daytime Phone #

*954-571-8740*

CR2E034 (1/98)