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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # K46213

1. Corporation Name
PAVEMOOVIE, INC.

Principal Place of Business	Mailing Address
1590 N ANDREWS AVE EXT	1590 N ANDREWS AVE EXT
POMPANO BEACH, FL 33069	POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/18/1988
3a. Date of Last Report: 5/11/94

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) County (25) | Zip (29) County (30)

4. FEI Number: 98-0099826 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHARD P. CHATELLIER
1590 N ANDREWS AVENUE EXTENSION
POMPANO BEACH, FL 33069

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 700001474737 -05/04/95--01007--006
83 ****208.75 ****208.75
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 _____ DATE
Signature, typed or 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		1.1 TITLE	D/P/T	☒ Change ☐ Addition
NAME		1.2 NAME	GUY GRAVEL	
STREET ADDRESS		1.3 STREET ADDRESS	1361 SOUTH OCEAN BOULEVARD # 407	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	POMPANO BEACH, FLORIDA 33062	
TITLE		2.1 TITLE	D/V	☒ Change ☐ Addition
NAME		2.2 NAME	RICHARD P. CHATELLIER	
STREET ADDRESS		2.3 STREET ADDRESS	4010 BAYVIEW DRIVE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33308	
TITLE		3.1 TITLE	D	☒ Change ☐ Addition
NAME		3.2 NAME	GEORGE ELMORE	
STREET ADDRESS		3.3 STREET ADDRESS	2350 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DELRAY BEACH, FLORIDA 33445	
TITLE		4.1 TITLE	D	☒ Change ☐ Addition
NAME		4.2 NAME	WILLIAM HART	
STREET ADDRESS		4.3 STREET ADDRESS	555 S.W. 130TH AVENUE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DAVIE, FLORIDA 33325	
TITLE		5.1 TITLE	D	☒ Change ☐ Addition
NAME		5.2 NAME	FERNAND HAMEL	
STREET ADDRESS		5.3 STREET ADDRESS	265 CHEMIN ST-BERNARD	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MONT-TREMBLANT, QUEBEC J0T 1Z0	
TITLE		6.1 TITLE	S	☒ Change ☐ Addition
NAME		6.2 NAME	CHARLES G. PARKS	
STREET ADDRESS		6.3 STREET ADDRESS	891 SAGE AVENUE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33414	

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)(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: Charles G Parks CHARLES G. PARKS 4/10/95 305-972-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

+$1.25