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FILED

Mar 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K46213

(0)

1. Corporation Name  
PAVERMODULE, INC.

Principal Place of Business

1580 N ANDREWS AVE EXT  
POMPANO BEACH FL 33069

Mailing Address

1580 N ANDREWS AVE EXT  
POMPANO BEACH FL 33069-1735



3. Date Incorporated or Qualified

11/18/1988

3a. Date of Last Report

02/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

CHATELLIER, RICHARD P.  
1580 N ANDREWS AVE EXT  
POPANO BEACH FL 33069

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. Thereby 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 DPT ☐ DELETE

NAME GRAVEL, GUY  
STREET ADDRESS 1361 SOUTH OCEAN BLVD., #407  
CITY-ST-ZIP POMPANO BEACH FL

TITLE DV ☐ DELETE

NAME CHATELLIER, RICHARD P.  
STREET ADDRESS 4010 BAYVIEW DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME ELMORE, GEORGE  
STREET ADDRESS 2350 SOUTH CONGRESS AVENUE  
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ DELETE

NAME HAMEL, FERNANDO  
STREET ADDRESS 265 CHEMIN ST - BERNARD  
CITY-ST-ZIP MONT-TREMBLANT-QUEBEC J0T1Z0

TITLE S ☐ DELETE

NAME PARKS, CHARLES G  
STREET ADDRESS 891 SAGE AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES G. PARKS SECRETARY

3/18/97

954-972-7400

CR2E034 (9/96)