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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Busines 512 NORTHEAST 8TH AV DEERFIELD BEACH FL 33

2. Principal Place of Busi

Suite, Apt #, etc

9. Name FERNANDEZ, 2101 CORPO **SUITE 400**

BOCA RATON FL 33431

City & State

21

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23 Zip 24



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(3)

ALL-TEX DRYWALL SPRAY, INC.

FILED Apr 30 1998 8:00am Secretary of State

55	Mailing Address			
enue 441	512 NORTHEAST BTH AVENUE DEERFIELD BEACH FL 33441		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			07/24/1989	
ness	2a. Mailing Address		4. FEI Number Applied For	
	26		65-0149081 Not Applical	
	Suite, Apt. #,	etc.	5. Certificate of Status Desired 6. Cer	
	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
Country 25	∠ιρ 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
THOMAS J. RATE BLVD NW		81 Name		
WHIE BLAD MM	82 Street Ad		ddress (P.O. Box Number is Not Acceptable)	

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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

83

SIGNATURE Signature, typed or profind name of tegistered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 DITLE Change Addition NAME JORGENSEN, ERIC IVER 1.2 NAME STREET ADDRESS 512 N.E. 8TH AVENUE 1.3 STREET ADDRESS **DEERFIELD BEACH FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ___ Addition THLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELFTE TITLE Change ___ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6 3 STREET ADDRESS**

14. Thereby 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:

Dril 241998

Zip Code