


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90064 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000044511

1. Corporation Name
CHAPCO DRYWALL INC.



Principal Place of Business 40653 N.W. 53RD STREET SUNRISE FL 33322	Mailing Address 40653 N.W. 53RD STREET SUNRISE FL 33322
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/18/1993

2. Principal Place of Business 21 8870 N. W. 39th Court Suite, Apt. #, etc. 22 .. City & State 23 Coral Springs, Florida Zip 33065 Country	2a. Mailing Address 26 8870 N. W. 39th Court Suite, Apt. #, etc. 27 .. City & State 28 Coral springs, Florida Zip 33065 Country
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4. FEI Number 65-0455951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

LIPMAN, HOWARD R
~~40653 N.W. 53RD STREET~~
~~SUNRISE FL 33322~~

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	8870 N. W. 39th Court
83	
84 City	Coral Springs
85 State	FL
Zip Code	33065

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	LIPMAN, HOWARD R	
STREET ADDRESS	40653 N.W. 53RD STREET	
CITY-ST-ZIP	SUNRISE FL 33322	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP (DIRECTOR/PRESIDENT)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Howard R. Lipman	
1.3 STREET ADDRESS	8870 N. W. 39th Court	
1.4 CITY-ST-ZIP	Coral Springs, Florida 33065	
2.1 TITLE	DV (DIRECTOR/VICE PRESIDENT)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frederica Lipman	
2.3 STREET ADDRESS	8870 N. W. 39th Court	
2.4 CITY-ST-ZIP	Coral Springs, Florida 33065	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Howard R. Lipman **RECORDED** 1/6/99 (954)346-0690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)