

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAR -1 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995



DOCUMENT # P93000064538 (0)

A-PLUS WATERPROOFING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Office Address		2a. Mailing Address	
21 2123 FLAGLER AVENUE KEY WEST FL 33040		26 2123 FLAGLER AVENUE KEY WEST FL 33040	
22		27	
23		28	
24		29	
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
09/13/1993	04/27/1994
4. FEI Number	Applied For
65-0437440	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FARRELLY, GREGORY
515 WHITEHEAD STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 517 Whitehead Street	
84 City	FL

11. I hereby affirm 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 to the above 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 607.055, Florida Statutes.

SIGNATURE: Gregory Farrelly Gregory Farrelly 02/28/95

12. OFFICERS AND DIRECTORS

101	STVD SCARDINA, VINCENT A P.O. BOX 4095 N/A KEY WEST FL 33041
102	POVD THOMPSON, RICK E 1703 SOUTH STREET KEY WEST FL 33040
103	
104	
105	
106	
107	
108	
109	
110	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2123 Flagler Avenue
14 CITY - ST - ZIP	Key West, FL 33040
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I certify, to wit, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), Florida Statutes. I further certify that the information included 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. 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 on the certificate of incorporation, or on an attachment with an address.

SIGNATURE: U. P. A. L. U.P.

2-24-95