

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F67781**

(7)

1. Corporation Name

ACTIVE DRYWALL SOUTH, INC.



Principal Place of Business

**4444 SW 71 AVE #110
MIAMI FL 33155**

Mailing Address

**4444 SW 71 AVE #110
MIAMI FL 33155**

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**KURLANDER, ADAM, ESQ.
1820 NE 163RD STREET
N MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified

02/18/1982

3a. Date of Last Report

03/24/1995

4. FET Number

59-2151847

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

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 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

11a. TITLE

**PD
KOUSSIAFES, PIERRE
4762 SW 72ND AVENUE
MIAMI FL**

☐ DELETE

11b. TITLE

**STD
ZUCKERMAN, LARRY
4762 SW 72ND AVENUE
MIAMI FL**

☐ DELETE

11c. TITLE

**V
VALTINSON, ALVIN
4762 SW 72ND AVENUE
MIAMI FL**

☐ DELETE

11d. TITLE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

☐ DELETE

11e. TITLE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

☐ DELETE

11f. TITLE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

☐ Change ☐ Addition

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

☐ Change ☐ Addition

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

☐ Change ☐ Addition

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

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)(g), 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 change I, or on an amendment with an addendum.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)