

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 435658 (0)
1. Corporation Name
A CEILING CONTRACTOR, INC.



Principal Place of Business
937 SOUTH STATE ROAD #7
FT. LAUDERDALE FL 33317

Mailing Address
937 SOUTH STATE ROAD #7
FT. LAUDERDALE FL 33317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4715 SW 51st Street
Suite, Apt. #, etc.
22
City & State
23 DAVIE, FL
Zip Country
24 33314 25
2a. Mailing Address
26 4715 SW 51st St
Suite, Apt. #, etc.
27
City & State
28 DAVIE, FL
Zip Country
29 33314 30

3. Date Incorporated or Qualified
11/26/1973
4. FEI Number
59-1349978
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BENSON, WILLIAM G., C.P.A.
8550 N FEDERAL HIGHWAY
SUITE 410
FT LAUDERDALE FL 33308

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. I hereby 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	IDE, JAMES P. JR.	937 SOUTH STATE RD.#7	FT. LAUDERDALE FL	<input type="checkbox"/>
V	FAASSE, MICHAEL	937 SOUTH STATE RD.#7	FT. LAUDERDALE FL	<input type="checkbox"/>
ST	IDE, JUNE M.	937 SOUTH STATE RD.#7	FT. LAUDERDALE FL	<input type="checkbox"/>
V	IDE, JAMES P. (JR.)	937 S. STATE RD. #7	FT. LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: James P. Ide Jr Pres 4/17/98 (954)581-8039

CR2E034 (10/97)