

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 12:49

DOCUMENT # 450133 (4)

1. Corporation Name:
RON-MOR DRYWALL COMPANY, INC.

Principal Place of Business: 634 SW 177TH AVE, PEMBROKE PINES FL 33029
Mailing Address: 634 SW 177TH AVE, PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/10/1974
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number: 59-1525093

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24

25

29

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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAURO, RONALD S.
1648 N.W. 85TH DRIVE
CORAL SPRINGS FL 33065

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 15% if applicable)

(NONE: Registered Agent Signature (typed or printed name))

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: MAURO, RONALD S.
STREET ADDRESS: 1648 NW 85 DRIVE
CITY- ST- ZIP: CORAL SPRINGS FL

1.1 TITLE Change Addition

TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:

1.2 NAME

TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:

1.3 STREET ADDRESS

TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:

1.4 CITY- ST- ZIP

TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:

2.1 TITLE Change Addition

TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:

2.2 NAME

TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:

2.3 STREET ADDRESS

SIGNATURE: *Ronald S. Mauro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.4 CITY- ST- ZIP

RONALD S MAURO

3.1 TITLE Change Addition

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 110.07(3)(b), 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 president 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 of this report, or on an attachment with an address.

3.2 NAME

1/13/95 (305) 485-1200

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP