## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

APPROVED AND FRED

1797 JUL 24 TH 3: 28

SEGNIMANT OF GAME. WALLAMASSIE, FLORIDA



| HOTTI  | OR DRIWALL COMPANY   | , INC.   |  |   |  |                                 |                                |  |                |
|--|--|--|--|---|--|---------------------------------|--------------------------------|--|----------------|
| Principal Plac   | e of Rusiness  | Mailing Address  |  |   |  | A                               |                                |  |                |
| 834 S.W. 177   |  | 634 SW 177TH AVE   |  |   |  |                                 |                                |  |                |
|  | INES FL 33029  | PEMBROKE PINES FL 3  | 3029   |   |  |                                 |                                |  |                |
| US   |  |  |  |   | DO NOT WRIT  |                                 |                                |  | _              |
|  |  |  |  |   | 3. Date Incorporated or Qualified  | 3a. Date                        |                                | eport  |                |
|  | - (D   | 10-11-   |  |   | 04/10/1974   | 01/2                            | 5/1996                         |  |                |
| · ·  | Place of Business  | 2a. Mailing Address  |  |   | 4. FEI Number  |                                 |                                | plied For  | -              |
| Suite, Apt.  | # etc  | Suite, Apt. #, etc.  |  |   | 59-1525093   |                                 | \$8.75 A                       | t Applicable                                     | 4              |
| 22   | er winds   | 27   |  |   | 5. Certificate of Status Desired   |                                 | ۶ <b>۰.</b> / Fee Re           |  |                |
| City & Stat  | e  | City & State   |  |   | 6. Election Campaign Financing   |                                 | \$5.00                         | <del></del>                                      | 1              |
| 23   |  | 28   |  |   | Trust Fund Contribution  |                                 | Added t                        | -  |                |
| Zip  | Country  | Zip  | Countr   | ry  | 8. This corporation owes or has p  | aid the curren                  | nt year Inte                   | angible  | 1              |
| 24   | 25   | 29   | 30   |   | Personal Property Tax due Jun  |                                 |                                | ] No   | 1              |
|  | 9, Name and Address of Cu  | rrent Registered Agent   |  | •1 N  | 10. Name and Address of New R  | egistered Ag                    | ent                            |  | 4              |
|  | URO, RONALD S.   |  | B.   | 1 Name  |  |                                 |                                |  |                |
|  | 18 N.W. 85TH DRIVE   |  | 8  |   | dress (P.O. Box Number is Not Accepta  | ble)                            |                                | _  | 1              |
| co   | RAL SPRINGS FL 33065   |  | <u> </u>   |   | S.W. 177th Avenue  |                                 |                                |  | 4              |
|  |  |  | 83   | 3   |  |                                 |                                |  |                |
|  |  |  | 84   |   |  | <b></b> ,                       | 85 Zip (                       | Code   | 1              |
| 44 0   | to the arministra of Continue CON  | OCOO and COT HECO First de Oise  | Man dh   |   | rbroke Pines   | FL                              |                                | 029  | 4              |
| 11. Pursuant   | regi <b>ster</b> ed agent, or both, in the Si  | tate of Florida. Such change was   | authorized b   | ve-named co<br>ov the cornor  | rporation submits this statement for the ation's board of directors. I hereby acce   | purpose of ch<br>opt the appoin | nanging it:<br>ntment as       | s registered<br>registered                       |                |
| 0  |  |  |  | <i>y</i>  |  |                                 |                                | -  |                |
| agent. I a   | im familiar with, and accept the ol  | bligations of, Section 607,0505, F   | lorida Statute   | es.   | and the state of an area of the state of the |                                 |                                |  |                |
| agent. I a<br>SIGNATURE  |  | bligations of, Section 607.0505, F   | lorida Statute   | es.   | ·  | DATE                            |                                |  |                |
| agent. La  | Signature, typed or printed name of registered   | bligations of, Section 607.0505, F   | lorida Statute   | es.   | uired when reinstaling)  | DATE<br>CERS AND D              | RECTOR                         | S IN 12  |                |
| agent. I a<br>SIGNATURE  | Signature, typed or printed name of registered   | bligations of, Section 607.0505, F   | iorida Statute   | es.<br>gent signature req   | ·  | CERS AND D                      | IRECTOR                        | S IN 12  | 707            |
| agent. I a<br>SIGNATURE<br>12.   | Signature, typed or printed name of registered OFFICERS  | bligations of, Section 607,0505, F d agent and title if applicable (NO AND DIRECTORS   | Iorida Statute   | es.<br>gent signature req   | uired when reinstaling)  | CERS AND D                      |                                |  | 14 (4/07)      |
| agent. I a SIGNATURE 12. TITLE   | Signature, typed or printed harrie of registered OFFICERS PD MAURO, RONALD S. 1648 NW 85 DRIVE | bligations of, Section 607,0505, F d agent and title if applicable (NO AND DIRECTORS   | TE: Registered A(  13.  1.1 TITLE  1.2 NAME  | es.<br>gent signature req   | uired when reinstaling)  | CERS AND D                      |                                |  | -034 (A/D7)    |
| agent. I a SIGNATURE  12.  1/ILE NAME  | Signature, typed or printed harne of registere: OFFICERS PD MAURO, RONALD S.                   | bligations of, Section 607,0505, F d agent and title if applicable (NO AND DIRECTORS   | TE: Registered A(  13.  1.1 TITLE  1.2 NAME  | gent signature req  | jured when reinstating) ADDITIONS/CHANGES TO OFFI  | CERS AND D                      |                                |  | R2E034 (4/07)  |
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14. I do 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 in Ganged, or on an attachment with an address.

## Stuart M. Rotman, C.P.A., P.A.

parofe

4700 North State Road 7, Suite 208 Ft. Lauderdale, FL 33319

Phone: (954) 485-1200 Fax: (954) 485-5006

July 18, 1997

Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Ron-Mor Drywall Company, Inc.
Document #450133

Dear Division of Corporations:

I maintain the records for the corporation listed above, and I am responding to your second notice of Corporate Annual Report due. According to our records, the corporation paid the fee and mailed in the renewal form for the Corporate Annual Report on January 3, 1997, with check #5326 in the amount of \$165.00. (Attached is a copy of the check stub, and our general ledger listing this check paid.) The corporation never received the cancelled check back, and since we have received a second notice from you, we are assuming that this form and check were lost in the mail.

Per our telephone conversation and instructions from the Department of State, we are enclosing a new check for \$165.00 along with the annual report form. Please correct your records to show that this fee was paid timely. If you have any questions, please don't hesitate to contact our office.

Very truly yours,

Stuart M. Rotman

Certified Public Accountant

SMR/tkh