

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.)

APPROVED
AND
FILED


1997 JUL 24 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ps/1972



DO NOT WRITE IN THIS SPACE

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **450133**

(4)

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

Principal Place of Business
**634 S.W. 177TH AVE.
PEMBROKE PINES FL 33029
US**

Mailing Address
**634 SW 177TH AVE
PEMBROKE PINES FL 33029**

| | | | | | | | |
|---|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/10/1974 | | 3a. Date of Last Report 01/25/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-1525093 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MAURO, RONALD S. 1848 N.W. 85TH DRIVE CORAL SPRINGS FL 33065 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 634 S.W. 177th Avenue | | | |
| | | | | 83 | | | |
| | | | | 84 City Pembroke Pines FL 85 Zip Code 33029 | | | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAURO, RONALD S. | 1.2 NAME | |
| STREET ADDRESS | 1848 NW 85 DRIVE | 1.3 STREET ADDRESS | 634 S.W. 177th Avenue |
| CITY-ST-ZIP | CORAL SPRINGS FL | 1.4 CITY-ST-ZIP | Pembroke Pines, FL 33029 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 if changed, or on an attachment with an address.

SIGNATURE _____

7/19/97

CR2E034 (4/97)

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

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

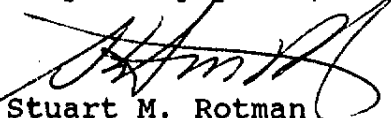
Re: Ron-Mor Drywall Company, Inc.
Document #450133

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