FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:35

DOCUMENT # **549575** **(9)**

1. Corporation Name
PROFESSIONAL INTERIOR METAL STUDS, INC.

Principal Place of Business	Mailing Address
759 CAROLINE AVENUE WEST PALM BEACH FL 33413	759 CAROLINE AVENUE WEST PALM BEACH FL 33413

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1977
3a. Date of Last Report: 04/19/1994

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24 / 25	Zip / Country	29 / 30	Zip / Country

4. FEI Number: 59-1812793 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLFF, JOHN J 759 CAROLINE AVE WEST PALM BEACH FL 33413	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 _____ DATE
(If changing registered name of registered agent and the Registered Agent) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/T/D	☒ Change ☐ Addition
NAME	WOLFF, JOHN J	12 NAME		
STREET ADDRESS	759 CAROLINE AVE	13 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 00000	14 CITY-ST-ZIP	W.PALM BCH, FL 33413-1284	
TITLE		21 TITLE	VP	☐ Change ☒ Addition
NAME		22 NAME	DAVID BARTELS	
STREET ADDRESS		23 STREET ADDRESS	8324 130TH AVE. NORTH	
CITY-ST-ZIP		24 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33412	
TITLE		31 TITLE	S	☐ Change ☒ Addition
NAME		32 NAME	JOY TIERNEY	
STREET ADDRESS		33 STREET ADDRESS	759 CAROLINE AVE.	
CITY-ST-ZIP		34 CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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 changed, or on an attachment with an address.

SIGNATURE: John J. Wolff 3-10-95 407-686-8713
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0992096 CP