

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 13 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **553357** (5)

1. Corporation Name  
**CORAL SPRINGS PLASTERING, INC.**

Principal Place of Business Mailing Address  
**4600 GODFREY RD** **4600 GODFREY RD**  
**POMPANO BEACH FL 33067** **POMPANO BEACH FL 33067**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/08/1977** 3a. Date of Last Report **02/25/1994**  
4. FEI Number **59-1799593** 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

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

9. Name and Address of Current Registered Agent  
**BECKER, JR., GERALD R.**  
**4600 GODFREY ROAD**  
**POMPANO BEACH FL 33067**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BECKER, JR, GERALD R
STREET ADDRESS	4600 GODFREY RD
CITY-ST-ZIP	POMPANO BEACH, FL 00000
TITLE	STD
NAME	BECKER, DAVID J
STREET ADDRESS	3320 NW 22ND DRIVE
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	VD
NAME	BECKER, MICHAEL J
STREET ADDRESS	1748 NW 92ND WAY
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	BECKER, RICK
STREET ADDRESS	8508 NW 27TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Becker, Michael J
3.3 STREET ADDRESS	9350 Agua Vista Blvd.
3.4 CITY-ST-ZIP	Boynton Beach, FL 33437
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 190.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or both in Block 12 and 13.

SIGNATURE: *Gerald R. Becker, Jr.* **Gerald R. Becker, Jr.** 3/7/95 (305) 752-3185