

FILE NOW: FILING FEE AFTER MAY 1 IS \$50.

FILED

Jan 14 1997 8:00am,  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. M... Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 610344

(4)

1. Corporation Name

UNITED PLASTERING CO., INC.



Principal Place of Business 4800 S.W. 64 AVENUE, #105-C DAVIE FL 33314	Mailing Address 4800 S.W. 64 AVENUE, #105-C DAVIE FL 33314-4438
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

KLOPFENSTEIN, RICAHRD  
13310 52ND CT NORTH  
ROYAL PALM BEACH FL 33317

3. Date Incorporated or Qualified 02/19/1979	3a. Date of Last Report 04/12/1996
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4. FEI Number 59-1890427	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the 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 title if applicable.

(NOTE: Registered agent signature required when re-installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KLOPFENSTEIN, RICAHRD 13310 52ND CT NORTH ROYAL PALM BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 1.2 1.3 ADDRESS 1.4 ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 2.2 2.3 ADDRESS 2.4 ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 3.2 3.3 ADDRESS 3.4 ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 4.2 4.3 ADDRESS 4.4 ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 5.2 5.3 ADDRESS 5.4 ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 6.2 6.3 ADDRESS 6.4 ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (9/96)