## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 643708

(1)

CECIL M. CHAPMAN PLASTERING AND DRYWALL, INC.

iling Address

**FILED** 

Aug 28 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address						(180110 0(1)) 01000 (1)(1) 0110 1311	415(1 £1611 51611 61511 61	011 01011 1001	
8511 N.E. 218T AVE. 8511 N.E. 218T AVE.									
1006 N.E. 43 RD CT		1006 N.E. 43 RD CT							
FT. LAUDERDALE FL 33334		FT. LAUDERDALE FL 33334-3808				3. Date Incorporated or Qualified	3a. Date of Last	t Poport	
						11/01/1979	04/29/1990		
2. Principal Place of Business 2a. Mailing A			Address			4. FEI Number		Applied For	
21		26	26			<b>59-1935923</b> Not Applicable			
Suite, Apt.	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	
22		27				Certificate of Glatus Desired	Fee	Required	
City & State	1	City & State				6. Election Campaign Financing		00 May Be	
23		28			· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		ed to Fees	
<sup>Zip</sup>	}			8. This corporation has liability for intangible tax under s. 199.032,			rs. 199.032,		
24	25 29 30			Florida Statutes Yes No					
	9. Name and Address of Current	t Registered Agent		84	<b>A</b> 1	10. Name and Address of New Re	gistered Agent		
	PMAN, CECIL M.			81	Name				
	N E 21 AVENUE		1		2 Street Address (P.O. Box Number is Not Acceptable)				
FT. I	LAUDERDALE FL								
				B3					
				64	City		FL 85 Z	ip Code	
44 5	10 20 000	0						a ita sasiatarad	
office or re agent. I a	o the provisions of Sections 607.0302 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorized lorida Stat	d by tules.	the corporation	oration submits this statement for the pon's board of directors. I hereby accept	ot the appointment	as registered	
SIGNATURE									
	Signature, typed or printed name of registereo agor			i Agent	signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	OBS IN 12	
12.				13.		ADDITIONS/CHANGES TO OFFIC	Chang		
TITLE	CHAPMAN, STEVEN, L V-CHR	[_] bitti					Citalia Citalia		
NAME	3701 N.W. 99TH AVE.		1.2 NA					ŀ	
STREET ADDRESS	CORAL SPRINGS FL				DORESS				
CITY-ST-ZIP				IY-SI-	ZIP	Change Addi		e Addition	
TITLE	OLIGORANI DALMINE I			2.1 TITLE				,c Radillon	
NAME :				2.2 NAMÉ					
STREET ADDRESS	6511 NE 21 AVE.		2.3 STREET ADDRESS						
CITY-ST-ZIP				2.4 CITY - S1 - ZIP			Chang	ne Addition	
TITLE	OHADMAN CECH M CHOM			3.1 TOLE			, L Chang		
NAME	CHAPMAN, CECIL M. CHRM		3.2 NA					.	
STREET ADDRESS	CT LAUDEDDALF FI		1	3.3 STREET ADDRESS					
CITY-ST-ZIP				11Y-S1	- ZIP		Chara	Addition	
TITLE		☐ DELETE	4.1 70				L Chang	ge L Addition	
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET A	DDRESS		,		
CITY-ST-ZIP			TY-ST-	ZIP					
TITLE	£*	☐ DEFELE	5.1 N			•	∟.] Chang	ge [_] Addition	
NAME			5.2 N/	ME					
STREET ADDRESS			5.3 ST	REET A	DDRESS				
CITY-ST-ZIP				TY-\$1-	ZIP				
TALE		DELETE	6.1 111	TLE			Chang	ge ∐ Addition	
NAME			62 N/	AME					
STREET ADDRESS			6.3 ST	REET A	DDRESS				
CITY-ST-ZIP			6.4 C(	TY-ST-	- ZIP				

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 true to empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or filigon 137 changed of on an attachment with an address.

" AD OF COUNTERED