


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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 648436 (4) 1. Corporation Name MORRIS DRYWALL SPRAY TEXTURES, INC.					
Principal Place of Business 549 WALKER AVE GREENACRES CITY FL 33463 US			Mailing Address 549 WALKER AVE GREENACRES CITY FL 33463 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1957668	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$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.	Yes No
9. Name and Address of Current Registered Agent YOUNG, MAURICE E 549 WALKER AVE GREENACRES CITY FL 33463				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	DELETE			
NAME	YOUNG, MAURICE E				
STREET ADDRESS	549 WALKER AVE				
CITY - ST - ZIP	GREENACRES CITY FL				
TITLE	STD	DELETE			
NAME	YOUNG, KATHLEEN S				
STREET ADDRESS	549 WALKER AVE				
CITY - ST - ZIP	GREENACRES CITY FL				
TITLE		DELETE			
NAME					
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CITY - ST - ZIP					
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DO NOT WRITE IN THIS SPACE	
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CITY - ST - ZIP	GREENACRES CITY FL
TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

14. I 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

SIGNATURE REQUIRED

1-26-98

CR2E034 (10/97)