

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # G10567 (7)

1. Corporation Name

CLASSIC DOME CEILING, INC.



Principal Place of Business

3993 CYPRESS REACH COURT  
APT. 201  
POMPANO BEACH FL 33069

Mailing Address

3993 CYPRESS REACH COURT  
APT. 201  
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified  
11/08/1982

3a. Date of Last Report  
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2230611

Applied For  
☒ Not Applicable

22

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

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

PAQUETTE & COMPANY, P.A.  
2145-W. DAVIE BLVD.  
SUITE 203  
FT LAUDERDALE FL 33312

81 Name MARC LABOSSIERE P.A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2500 - HOLLYWOOD BLVD  
83 SUITE 215  
84 City HOLLYWOOD FL 85 Zip Code 33020

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

MARC LABOSSIERE

05/20/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME S PEPIN, CLAUDE  
STREET ADDRESS 3993 CYPRESS REACH CT.  
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

1.1 TITLE  
1.2 NAME P. ☐ Change ☐ Addition  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME P PEPIN, RITA  
STREET ADDRESS 3993 CYPRESS REACH CT.  
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME V PEPIN, DENIS  
STREET ADDRESS 3993 CYPRESS REACH CT.  
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(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 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 and Typed or Printed Name of Signing Officer or Director  
CLAUDE PEPIN

01/14/96 954-524-6700  
Date Daytime Phone # SC 5-1-96

CR2E034 (12/95)