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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G32235 (5)

1. Corporation Name
SUNSET DRYWALL, INC.



Principal Place of Business: 10908 TAMI TRAIL HUDSON FL 34669
Mailing Address: 10908 TAMI TRAIL HUDSON FL 34669-3455

3. Date Incorporated or Qualified: 03/29/1983
3a. Date of Last Report: 04/02/1996
4. FEI Number: 59-2308726
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: GUETTA, JOSEPH, 10908 TAMI TRAIL, HUDSON FL
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP GUETTA, JOSEPH 10908 TAMI TRAIL HUDSON FL	1.1 TITLE	Vice President
NAME	GUETTA, JOSEPH	1.2 NAME	Brian Guetta
STREET ADDRESS	10908 TAMI TRAIL	1.3 STREET ADDRESS	10908 Tami Trail
CITY - ST - ZIP	HUDSON FL	1.4 CITY - ST - ZIP	Hudson, FL 34669
TITLE	DV GUETTA, SUZANNE 10908 TAMI TRAIL HUDSON FL	2.1 TITLE	
NAME	GUETTA, SUZANNE	2.2 NAME	
STREET ADDRESS	10908 TAMI TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	HUDSON FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 2-26-97 DAYTIME PHONE #: (813) 856-1179

CR2E034 (9/96)