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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H57273

(5)

ARMSTRONG PLASTERING & DRYWALL, INC.

Principal Place of Business Mailing Address 10700 NW 6 CT. 10700 NW 6 CT. MIAMI FL 33168-3258 MIAMI FL 33168 3. Date Incorporated or Qualified 3a. Date of Last Report 05/16/1985 04/22/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2553079 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Bi Name TODD, GERALD 1201 BRISTOL AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 500 83 **DAVIE FL 33139** 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authority agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S bove-named corporation submits this statement for the purpose of changing its registered d by the corporation's board of directors. I hereby accept the appointment as registered Signarore, typed or pented name of registered agent and title if applicable d Agent signature required when reinstating: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE ☐ Change Addition 1.1 TITLE TITLE TODD, GERALD 1.2 NAME NAME 1201 BRISTOL AVE. 1.3 STREET ADDRESS STREET ADDRESS DAVIE FL 1.4 CITY - ST - ZIP City-St-7.6 DELETE ___ Change Addition 21 TITLE THLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 CITY-ST-ZIP CITY-ST-7P Change Addition DELETE 31 TITLE THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-SY-ZIP CITY - \$1 - ZIP Change Addition DELETE 4.1 TITLE THE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - \$1 - ZIP Change Addition DELETE 5.1 TITLE 71115 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE **6.2 NAME** NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

I not necessary that the information supplies with this timing 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 of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an 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

SIGNATURE:

DIDY - ST - ZiP

FILED

Secretary of State

Feb 17 1997 8:00 am