

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J01959 (2)

1. Corporation Name

SARKELA DRYWALL, INC.

Principal Place of Business

1862 FINN HILL DRIVE
LANTANA FL 33462

Mailing Address

1862 FINN HILL DRIVE
LANTANA FL 33462



2. Principal Place of Business	2a. Mailing Address
21 145 Second Street	26 145 Second Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State West Palm Beach, FL	28 City & State West Palm Beach, FL
24 Zip 33413	29 Zip 33413
25 Country Palm Beach	30 Country Palm Beach

3. Date Incorporated or Qualified	3a. Date of Last Report
03/03/1986	02/02/1995
4. FEI Number	Applied For
59-2650381	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PLANTE, YVON
145 SECOND STREET
WEST PALM BEACH FL 33413

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SARKELA, STEVE	1.2 NAME	PLANTE, YVON
STREET ADDRESS	1862 FINN HILL DRIVE	1.3 STREET ADDRESS	145 Second Street
CITY - ST - ZIP	LANTANA FL 33462	1.4 CITY - ST - ZIP	West Palm Beach, FL 33413
TITLE	D	2.1 TITLE	
NAME	SARKELA, HEIDI	2.2 NAME	
STREET ADDRESS	1862 FINN HILL DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LANTANA FL 33462	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 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

Care

Indicate Phone #

CR2E034 (12/95)