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

May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6)RIEHL CEILINGS, INC. Principal Place of Business Mailing Address 4930 W COMMERCE ST. 4930 W COMMERCE ST. TAMPA FL 33616-2704 TAMPA FL 33616-2704 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1989 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2939472 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \mathbf{K} Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. X Yes 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RIEHL, ARTHUR J. **3007 KEATS STREET** Street Address (P.O. Box Number is Not Acceptable) **B2** TAMPA FL 33629 83 84 City Zip Code .0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered late of Florida European was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the corporation of the corporation o SIGNATURE (NOTE: Registered Agent signature required when reinstating) OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change RIEHL, ARTHUR J. 1.2 NAME NAME 3007 S KEATS ST 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITL€ NAME RIEHL, CATHERINE J. 2.2 NAME 3007 S KEATS ST STREET ADDRESS 23 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE RIEHL, EDWARD G. NAME 3.2 NAME 3007 S KEATS ST STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 5.1 TITLE TATLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP Addition TITLE DELETE 6.1 TITLE Change NAME 62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Arthur J. Riehl

14. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED

813-837-8181

4/6/98