


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

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Jan 14 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 # L64621 (0) 1. Corporation Name WHITE'S PLASTERING & STUCCO, INC.																									
Principal Place of Business % WINSTON A. WHITE 5960 NW 13TH ST. SUNRISE FL 33313 US			Mailing Address % WINSTON A. WHITE 5960 NW 13TH ST. SUNRISE FL 33313-6211 US																						
2. Principal Place of Business 21 3656 NW 16 ST. Suite, Apt. #, etc. 22 UNIT 15B City & State 23 FORT LAUDERDALE FL. Zip 24 33311 Country 25 USA		2a. Mailing Address 26 3656 NW 16 ST Suite, Apt. #, etc. 27 UNIT 15B City & State 28 FORT LAUDERDALE FL Zip 29 33311 Country 30 USA		3. Date Incorporated or Qualified 04/12/1990																					
				3a. Date of Last Report 02/09/1996																					
				4. FEI Number 65-0186225																					
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																					
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																					
				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 WHITE, WINSTON A. 5960 NW 13TH ST. SUNRISE FL 33313			10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																									
12. OFFICERS AND DIRECTORS																									
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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 12 or Block 13 if changed, or on an attachment with an address.																									
SIGNATURE: <u>Winston A. White</u> <u>1/8/97</u> <u>954-581-6863</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																									

CR2E034 (9/96)