

FILED

May 06 1997 8:00am
Secretary of State

AND AGE AFTER MAY 1 IS 5000.00

ANNUAL REPORT
1997



Sandra B. Northing
Assistant Secretary

DOCUMENT # L93720

Westport Stucco Corporation



Principal Place of Business Mailing Address
5728 Coral Lake DR. SAME
MARGATE, FL 33063

1. Principal Place of Business 2a. Mailing Address
21. 5728 Coral Lake DR. 26. SAME
22. Suite Apt. #, etc. 27. Suite Apt. #, etc.
23. City & State 28. City & State
29. MARGATE, FL 30. -
31. 33063 32. BROWARD 33. Zip 34. Country
35. Name and Address of Current Registered Agent

3. Date of Incorporation or Organization 3a. Date of Last Report
8/15/90 3/26/96
4. FEI Number 4a. Applied For
65-0210649 Not Applicable
5. Certificate of Status Required ☐ \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
10. Name and Address of New Registered Agent

GARY Palmieri
2337 N.W. 89th Drive #603
Coral Springs, FL 33065

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code
FL 33065

I, Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, and approve a change of registered office of 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 607.0503, Florida Statutes.

SIGNATURE: I declare that I am the registered agent and the I am eligible. I hereby accept the appointment as registered agent.

OFFICERS AND DIRECTORS				OFFICERS/EXCHANGES TO OFFICERS AND DIRECTORS			
1. NAME	2. TITLE	3. STREET ADDRESS	4. CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1.1 NAME	1.2 TITLE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 NAME	2.2 TITLE	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 NAME	3.2 TITLE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	3.1 NAME	3.2 TITLE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 NAME	4.2 TITLE	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	4.1 NAME	4.2 TITLE	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 NAME	5.2 TITLE	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	5.1 NAME	5.2 TITLE	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 NAME	6.2 TITLE	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	6.1 NAME	6.2 TITLE	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
7.1 NAME	7.2 TITLE	7.3 STREET ADDRESS	7.4 CITY-ST-ZIP	7.1 NAME	7.2 TITLE	7.3 STREET ADDRESS	7.4 CITY-ST-ZIP
8.1 NAME	8.2 TITLE	8.3 STREET ADDRESS	8.4 CITY-ST-ZIP	8.1 NAME	8.2 TITLE	8.3 STREET ADDRESS	8.4 CITY-ST-ZIP
9.1 NAME	9.2 TITLE	9.3 STREET ADDRESS	9.4 CITY-ST-ZIP	9.1 NAME	9.2 TITLE	9.3 STREET ADDRESS	9.4 CITY-ST-ZIP
10.1 NAME	10.2 TITLE	10.3 STREET ADDRESS	10.4 CITY-ST-ZIP	10.1 NAME	10.2 TITLE	10.3 STREET ADDRESS	10.4 CITY-ST-ZIP

I, I declare that the information provided was true and correct and that I am eligible to be the registered agent. I hereby accept the appointment as registered agent.

SIGNATURE: Mary Palmieri 4/30/97