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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M96981

TROPICAL DRYWALL, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90079 040 ***150.00



Delegated Disco-						-{	8(8)) 8(8() <u> </u>	AIDIC AIRIL 1881
Principal Place	e of Business	Mailing Address				1		
11570 WILES RD	D. , ' '	11570 WILES ROAD,						
STE. 3 CORAL SPRINGS FL 33076		CORAL SPRINGS FL 33076 US				DO NOT WRITE IN THIS SPACE		
US		03				3. Date incorporated or Qualifed		
00						09/01/1988		
2 Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	- Ar	oplied For
21	. Business	26				65-0075978		ot Applicable
Suite, Apt. i	# etc.	Suite, Apt. #, etc.					8.75	Additional
22	., 5.5.	27				5. Certificate of Status Desired	•	equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23	The second of the second	28				Trust Fund Contribution	Added	
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year Intang	ible	
24	25	29	30				Yes	□No
	9. Name and Address of Curre			1		10. Name and Address of New Registered Age	ent	
				81	Name	···		
VINC	ENT, CHRISTOPHER R.			82	Stroot Add	ess (P.O. Box Number is Not Acceptable)		
2929	ATLANTIC BLVD.			02	On set Addre	(1.0. DOX HUMBER IS HUL Acceptable)		
FT. LAUDERDALE FL 33308				83				
	_				<u> </u>			
				84	City	FL ^t	35 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statute	s, the a	above-	named corpo	oration submits this statement for the purpose of cha	inging its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was au	uthorized	d by tr	he corporation	n's board of directors. I hereby accept the appointm	ent as re	gistered
agent. i ar	m familiar with, and accept the oblig	lations of, Section 607.0505, Flori	iua Siai	iuies.				
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if applicable (NOTE:	Registered	Agent :	signature required	when reinstating) DATE		[
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND E	DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 TI	MLE .	T] Change	☐ Addition
NAME	VINCENT, CHRISTOPHER		1.2 N /	AME				
STREET ADDRESS	2929 ATLANTIC BLVD.		1.3 \$1	TREET A	ADDRESS			ì
	FT. LAUDERDALE FL			ITY-ST-				,
CITY-ST-ZIP TITLE	TT. CAUDERDALL TE	☐ DELETE			=			
NAME			2.1 TI	17LE] Change	Addition
] Change	Addition
	•		2.2 N/	AME	anneree	Ε] Change	Addition
STREET ADDRESS	·		2.2 N/ 2.3 ST	AME TREET A	ADDRESS	Ε] Change	☐ Addition
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I hereby certify that the information supplied with this filting 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 trusted 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, with all other like empowered.

SIGNATURE: