FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:08

DOCUMENT # N94000003842 (1)

1. Corporation Name
DRYWALL CONTRACTORS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
HOUSTON & SHAHADY, P.A. 100 NE 3RD AVE., SUITE 650 FT. LAUDERDALE FL 33301-1146	HOUSTON & SHAHADY, P.A. 100 NE 3RD AVE., SUITE 650 FT. LAUDERDALE FL 33301-1146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1994
3a. Date of Last Report:
4. FEI Number: 65-0499751 — Applied For / Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

SHAHADY, THOMAS R ESQ
100 NE 3RD AVE.
SUITE 650
FT. LAUDERDALE FL 33301-1146

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 mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	TUFO, JIM	12 NAME	
STREET ADDRESS	407 COMMERCE WAY, #3A	13 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	VENDETT, GIL	22 NAME	
STREET ADDRESS	5425 NW 24TH ST., #201	23 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SCHIAVONE, MIKE	32 NAME	
STREET ADDRESS	C/O 100 NE 3RD AVE., SUITE 650	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301-1146	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	WIEDER, ALEX	42 NAME	
STREET ADDRESS	2151 NW 2ND AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, RON	52 NAME	
STREET ADDRESS	1181 S. ROGERS CR., #23	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DALY, JIM	62 NAME	
STREET ADDRESS	C/O 100 NE 3RD AVE., SUITE 650	63 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301-1146	64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald Hoffman — Ronald Hoffman — 2-8-95 — 407 997 0500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DAYTIME PHONE NUMBER

000052