

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350. J

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P92000003698
1. Corporation Name
MASTERTEC PAINTING & WATERPROOFING, INC.

Principal Place of Business: 801 WASHINGTON ST HOLLYWOOD, FLORIDA 33019
Mailing Address: 801 WASHINGTON ST HOLLYWOOD, FLORIDA 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/92

4. FEI Number: 65-0381139

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite Apt # etc: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 State, Apt # etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
DWIGHT LORD
801 WASHINGTON ST
HOLLYWOOD, FL

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 (B)(2) and 607 15(6), 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 607.05(6), Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	DWIGHT LORD	
STREET ADDRESS	801 WASHINGTON ST	
CITY- ST- ZIP	HOLLYWOOD, FL 33019	
TITLE	V. PRES / TREAS	<input type="checkbox"/> DELETE
NAME	MARK GILLILAND	
STREET ADDRESS	801 WASHINGTON ST	
CITY- ST- ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	800002532678
53 STREET ADDRESS	-05/22/98--01013--019
54 CITY- ST- ZIP	***150.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I hereby certify that the information supplied by the filer 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 statement 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 filer and am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable on this form. Mailing address: _____

SIGNATURE: *[Signature]* 4/29/97 (954) 558 4442

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)