

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000028160 (8)**

1. Corporation Name
MODERN CEILINGS, INC.



Principal Place of Business: **244 1/2 GREYMON DRIVE WEST PALM BEACH FL 33405**
Mailing Address: **244 1/2 GREYMON DRIVE WEST PALM BEACH FL 33405**

3. Date Incorporated or Qualified: **04/12/1993** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0418966** Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 4653 Holt Rd** 2a. Mailing Address: **26 4653 Holt Rd**
Suite, Apt. #, etc.: **22 WPB Fla** Suite, Apt. #, etc.: **27 WPB Fla**
City & State: **23 33415** City & State: **28 33415**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **WIESBAUER, PETER E 244 1/2 GREYMON DRIVE WEST PALM BEACH FL 33405**
10. Name and Address of New Registered Agent:
81 Name: Wiesbauer, Peter E
82 Street Address (P.O. Box Number is Not Acceptable): 4653 Holt Rd
83 City: WPB Fla 33415
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]* DATE: **4-30-96**
Signature typed or printed name of registered agent or director (445048) (DATE) Registered Agent signature required when resigning DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIESBAUER, PETER E	1.2 NAME	Wiesbauer Peter E
STREET ADDRESS	244 1/2 GREYMON DRIVE	1.3 STREET ADDRESS	4653 Holt Rd
CITY - ST - ZIP	WEST PALM BEACH FL 33405	1.4 CITY - ST - ZIP	WPB Fla 33415
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(k), 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 addition with an address.

SIGNATURE: *[Signature]* DATE: **4-30-96** (357-0026)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)