## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP



LUCRIDA DEPARTMENT OF STATE

Jun 11 1998 8:00am

Secretary of State

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1. Corporation	N CEILINGS, INC.	0028160 (8)			
Principal Place of Business		Mailing Address		I IMBUINDE IIM JOINE IIIII MAKIE DEINI MBEILM	HINDI INSON ITANO ANTIN MAIN KADI
4853 HOLT ROAD WEST PALM BEACH FL 33415		4653 HOLT ROAD WEST PALM BEACH FL 33415		DO NOT WRITE IN TH	IC CDACE
US		U\$		3. Date Incorporated or Qualified	IS SPACE
1				04/12/1993	
2. Principal P	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0418966	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		[27]		5. Certificate of Status Desired	Fee Required
City & State	e 	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zq)	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registers	od Agent
	SBAUER, PETER E.		81 Name		
4653 HOLT ROAD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
Į WE	ST PALM BEACH FL 33415		63		
			55		
			84 Cily	F	85 Zip Code
11 Pursuant	to the provisions of Sections 607 056	2 and 607 1508 Florida Statute	s the above-named cor	poration submits this statement for the purpose	
office or re	egistered agent, or both, in the State in familial with, and accept the oblig	<ul> <li>of Florida, Such change was a</li> </ul>	uthorized by the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE.	•				
12.	Signature type disciplinated harmonic life quadriciding OFLICERS AN	PO DIRECTORS (NOTE	Registered Agent signalure requestation 13.	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D CAPTOLING AN	DELETE	1,1 TITLE	ADDITIONS/GHANGES TO OFFICERS A	Change Addition
NAME	WIESBAUER, PETER E		1.2 NAME		
STREET ADDRESS	4653 HOLT ROAD		1 3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE		☐ D£LE1E	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		□ DELETE	3.1 TITLE		Change L Addition
NAME			3.2 NAME		}
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		Interior	3 4. CITY-ST-ZIP		Change Addition
TITLE		DELFT€	4.1 THE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S1 - ZIP 5.1 TITUE		☐ Change ☐ Addition
NAME		- Dece 12	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE	<del></del>	DELLITE	6.1 THILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing 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 logal effect as if made under eath, 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 attachment with an address. 561 3517 0026

6.4 CITY-ST-ZIP