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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000028213 (5)**

1. Corporation Name
S & M PLASTERING, INC.

Principal Place of Business	Mailing Address
9440 LIVE OAK PL #105 FT LAUDERDALE FL 33324	9440 LIVE OAK PL #105 FT LAUDERDALE FL 33324-4714

3. Date Incorporated or Qualified: 04/16/1993
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business
21: 2121 S W 92 ND TER.
22 Suite, Apt. #, etc.: APT. 1504
23 City & State: FT. LAUD. FL.
24 Zip: 33324
25 Country: U.S.

2a. Mailing Address
26: 2121 S.W. 92 ND TER.
27 Suite, Apt. #, etc.: APT. 1504
28 City & State: FT. LAUD FL.
29 Zip: 33324
30 Country: U.S.

4. FEI Number: 65-0334481 ☐ 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

9. Name and Address of Current Registered Agent
THIEMAN, PETER
9440 LIVE OAK PL #105
FT LAUDERDALE FL 33324

10. Name and Address of New Registered Agent
81 Name: THIEMAN PETER
82 Street Address (P.O. Box Number is Not Acceptable): 2121 S.W. 92. TERR
83: APT. 1504
84 City: FT. LAUDERDALE. FL 85 Zip Code: 33324

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: PETER THIEMAN — Peter W Thieman — 3-25-1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP THIEMAN, PETER 9440 LIVE OAK PL #105 FT LAUDERDALE FL 33324	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D.P. THIEMAN, PETER 2121 S.W 92 TER. APT. 1504 FORT LAUDERDALE, FL. 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV THIEMAN, MARGARITA 9440 LIVE OAK PL #105 FT LAUDERDALE FL 33324	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D.V THIEMAN MARGARITA 2121 S.W. 92 TER. APT. 1504 FT. LAUDERDALE, FL, 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FLEMING, PHYLLIS 14301 MUSTANG TRAIL FT LAUDERDALE FL 33330	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 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 attachment with an address.

(954)
SIGNATURE: PETER W. THIEMAN 3-25-1997 426-6786