

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **8 94000005878**
 1. Corporation Name
WILLIAMS PLASTER \$ STUCCO INC.

Principal Place of Business	Mailing Address
550 NW 27th AVE. FT. LAUDERDALE FL. 33311	1783 NW 34th AVE. FT. LAUDERDALE FL. 33311

2. Principal Place of Business	2a. Mailing Address
21 550 NW 27th AVE.	26 1783 NW 34th AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Bay 5A	27 NONE
City & State	City & State
23 FT. LAUDERDALE	28 FT. LAUDERDALE
Zip	Zip
24 33311	29 33311
Country	Country
25 BROWARD	30 BROWARD

3. Date Incorporated or Qualified	3a. Date of Last Report
JANUARY 14, 1994	1996
4. FEI Number	Applied For
65-047 637	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

VERDIE M. WILLIAMS
895 WEST SUNRISE BOULEVARD
FT. LAUDERDALE, FL 33311
954-791 1701

81 Name	same no change
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 **VERDIE WILLIAMS** *Verdie Williams* **4/27/97**
(Signature, typed or printed name of registered agent and office if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	Vice President <input checked="" type="checkbox"/> DELETE
NAME	RONALD WILLIAMS
STREET ADDRESS	1783 NW 34th ave.
CITY-ST-ZIP	FT. LAUDERDALE FL 33311
TITLE	EDWARD WILLIAMS <input checked="" type="checkbox"/> DELETE
NAME	TREASURER
STREET ADDRESS	550 NW 27th AVE
CITY-ST-ZIP	FT. LAUDERDALE FL. 33311
TITLE	SECRETARY <input checked="" type="checkbox"/> DELETE
NAME	RAYMOND PARKS
STREET ADDRESS	550 NW 27th AVE
CITY-ST-ZIP	FT. LAUDERDALE FL. 33311
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	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	EDWARD WILLIAMS
13 STREET ADDRESS	500 ARIZONA AVE.
14 CITY-ST-ZIP	FT. LAUDERDALE FL.
21 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RONALD WILLIAMS
23 STREET ADDRESS	1783 NW 34th AVE
24 CITY-ST-ZIP	FT. LAUDERDALE FL. 33311
31 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	MARY ANN SHAW
33 STREET ADDRESS	500 ARIZONA AVE.
34 CITY-ST-ZIP	FT. LAUDERDALE FL. 33311
41 TITLE	NOTE: PRESIDENT STAYED <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	THE SAME
43 STREET ADDRESS	SAME PERSON AS THE NEW
44 CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	900002173399
63 STREET ADDRESS	-05/09/97--01067--026
64 CITY-ST-ZIP	***173.75

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.

SIGNATURE: **RONALD WILLIAMS** *Ronald Williams* **4/27/97** **954-584-440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)