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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:11

DOCUMENT # **P94000013868 (2)**

1. Corporation Name
SCAPE FRAMING & DRYWALL CORPORATION

Principal Place of Business	Mailing Address
% JOHMMEN WASHING 1342 S.E. 17 STREET CAUSEWAY FORT LAUDERDALE FL 33316	% JOHMMEN WASHING 1342 S.E. 17 STREET CAUSEWAY FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9040 Royal Palm Blvd	26 9040 Royal Palm Blvd.
Suite, Apt. #, etc. 22 SUITE # 410	Suite, Apt. #, etc. 27 SUITE # 410
City & State 23 CORAL SPRINGS, FL	City & State 28 CORAL SPRINGS, FL
Zip / Country 24 33065 / 25 USA	Zip / Country 29 33065 / 30 USA

4. FEI Number: 65-0474232 ☐ 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

WASHING, JOHMMEN
1342 S.E. 17 STREET CAUSEWAY
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: 9040 Royal Palm Boulevard
82 Street Address (P.O. Box Number is Not Acceptable): SUITE # 410
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P ☒ Change ☐ Addition
NAME	WASHING, JOHMMEN	1.2 NAME	WASHING, JOHMMEN
STREET ADDRESS	1342 S.E. 17 STREET CAUSEWAY	1.3 STREET ADDRESS	9040 ROYAL PALM BLVD. # 410
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: X _____ 3/4/95 646 1761
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0226360 CP