

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000016123 (9)

1. Corporation Name

READY DRY WALL, INC.

Principal Place of Business

733 W. 34TH ST.  
HIALEAH FL 33012

Mailing Address

733 W. 34TH ST.  
HIALEAH FL 33012-5122

2. Principal Place of Business

21 7495 N.W. 7th St

Suite, Apt. #, etc.

22 #7

City & State

23 MIAMI

Zip

24 33126

Country

USA

2a. Mailing Address

26 7495 N.W. 7th St.

Suite, Apt. #, etc.

27 #7

City & State

28 MIAMI

Zip

29 33126

Country

30

3. Date Incorporated or Qualified

03/01/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0469979

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution



Added to Fees

8. This corporation has liability for intangible tax under s. 199.032.  
Florida Statutes



Yes

No

10. Name and Address of New Registered Agent

81 Name

7495 N.W. 7th St #7

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

MIAMI, FL

85 Zip Code

33126

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 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	1.1 TITLE	□ Change □ Addition	
NAME	STREET ADDRESS	1.2 NAME		
CITY, ST, ZIP		1.3 STREET ADDRESS		
TITLE	NAME	1.4 CITY, ST, ZIP		
NAME	STREET ADDRESS			
CITY, ST, ZIP				
TITLE	NAME	2.1 TITLE	□ Change □ Addition	
NAME	STREET ADDRESS	2.2 NAME		
CITY, ST, ZIP		2.3 STREET ADDRESS		
TITLE	NAME	2.4 CITY, ST, ZIP		
NAME	STREET ADDRESS			
CITY, ST, ZIP				
TITLE	NAME	3.1 TITLE	□ Change □ Addition	
NAME	STREET ADDRESS	3.2 NAME		
CITY, ST, ZIP		3.3 STREET ADDRESS		
TITLE	NAME	3.4 CITY, ST, ZIP		
NAME	STREET ADDRESS			
CITY, ST, ZIP				
TITLE	NAME	4.1 TITLE	□ Change □ Addition	
NAME	STREET ADDRESS	4.2 NAME		
CITY, ST, ZIP		4.3 STREET ADDRESS		
TITLE	NAME	4.4 CITY, ST, ZIP		
NAME	STREET ADDRESS			
CITY, ST, ZIP				
TITLE	NAME	5.1 TITLE	□ Change □ Addition	
NAME	STREET ADDRESS	5.2 NAME		
CITY, ST, ZIP		5.3 STREET ADDRESS		
TITLE	NAME	5.4 CITY, ST, ZIP		
NAME	STREET ADDRESS			
CITY, ST, ZIP				
TITLE	NAME	6.1 TITLE	□ Change □ Addition	
NAME	STREET ADDRESS	6.2 NAME		
CITY, ST, ZIP		6.3 STREET ADDRESS		
TITLE	NAME	6.4 CITY, ST, ZIP		
NAME	STREET ADDRESS			
CITY, ST, ZIP				

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

505-266-6883

Daytime Phone #

0118130

CR2E034 (9/96)