SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000019250 (7)

	W STUCCO, INC.				
Principal Place 914 ST CLAIR MELBOURNE US	ST 74M	Mailing Address 883 BRITTAN AVE SE PALM BAY FL 32909 US		- 10011001 110 15111 01511 00511 00111 12(1) 01101 HB16 1211E 11111 01111 01111 1011 112(
00		US		3. Date Incorporated or Qualified 03/07/1994	3a. Date of Last Report 08/11/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	Sol of Edonion.	26		59-3229319	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati		City & State		6. Election Campaign Financing	5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s 199 032.] Yes [No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent
TR	/THALL, PHILIP		81 Name		
	BRITTAN AVENUE S.E.		82 Street Add	ress (P.O. Box Number is Not Acceptab	o'e)
PA	LM BAY FL 32909		83		
			83		
			84 City		FL 85 Zip Code
SIGNATURE		ND DIRECTORS	NOTE. Hug stered Agent's gnature requ	red when reinstating) ADDITIONS/CHANGES TO OFFICE	
TIFE	D	DELETE	1.1 TITLE		Change Addition
NAME	TRYTHALL, WILLIAM		1.2 NAME		
STREET ADDRESS	571 DAVID CIRL S.W.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PALM BAY FL 32908 D	DELETE	1.4 CITY -ST - ZIP 2 1 TiFLE		Change Addition
NAME	TRYTHALL, PHILIP	Decere	2.2 NAME		Charge
STREET ADDRESS	883 BRITTAN AVE. S.E.		23 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		2 4 CITY - ST - ZIP		
TITLE		DELFTE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		·	34 C-TY - SY - ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAMÉ			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Deser	4.4 CITY - ST - 2IP		
TITLE		DELETE	5 1 TITLE		Change { Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5 4 CITY - ST - ZIP 6 1 TIFLE	والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة	Service Addition
NAME			6 2 NAME	30000192 -08/15/96010	1 ごじら ざ ^{****} *
STREET ADDRESS			6 3 STREET ADDRESS	***375.00	12025
PINELL MODILE 3/2			6 3 STINCE I ADDRESS	ホホホン(○、UU	المعلالات

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)(k). 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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Blog of it chapted, or on an attachment with an address

SIGNATURE: SIGNATURE AND PRED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

B-9-96 [407] 951-8361