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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 13 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000029450 (1)

FLORIDA CEILING SYSTEMS, INC.

Principal Place of Business		Mailing Address		1 120(100) 110 1311 01311 03111 80111 0311	ira renen enere middt miret durt ener
3620 SERANADA COURT		3620 SERANADA COURT			
ORLANDO FI	L 32818	ORLANDO FL 32818		DO NOT WRITE IN T	THIS SDACE
				3, Date Incorporated or Qualified	nio SPACE
				04/14/1994	
9 Principal C	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
_	IACE OF DUSINOSS	26		59-3242188	Not Applicable
21 Suite, Apt.	# elc	Suite, Apt. #, etc.			00.75
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	e current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curi			10. Name and Address of New Registe	red Agent
KE	NNEDY, EARL D		81 Name		
2000 SEDANADA COUDT				ress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32818					
			83	-	
			84 City		85 Zip Code
			04 011)		FL S ZIP COOR
Pursuant to the provisions of Soctions 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.	OF FICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, EARL D		1.2 NAME		
STREET ADDRESS	P.O. BOX 680645 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32868-0645		1.4 CITY-ST-ZIP		
TITLE		DELETE	21 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	*	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELE TE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(TY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ı

14. I 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 13 if changed, or or an all achment with an address.

6.3 STREET ADDRESS

64 CITY-ST-ZIP