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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000035604 (5)**

FILED Apr 17 1998 8:00am Secretary of State

JAGUA Principal Place	R DRYWALL OF THE BEA	ACHES, INC.							
1891 BLUE HERON LANE 1891 BLUE HERON LAN JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH									
						DO NOT WRI		PACE	
						3. Date Incorporated or Qualified 05/11/1994)		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		I A	oplied For
21		26				59-3241910		7	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	9	City & State				6. Election Campaign Financing			May Be
23	•	28				Trust Fund Contribution			May be to Fees
Zip	Country	Zıp	Co	untry		8. This corporation owes or has	paid the curr		
.4	25	29	30			Personal Property Tax due Jur	ne 30. 🚺	Yes [] No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New F	Registered A	gent	
AD	AMS, MICH AE LYN C			B1	Name				
	25 13TH AVENUE NORTH			82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
JAI	CKSONVILLE BEACH FL 32250	0							
				83					
				84	City			85 Zip	Code
						74-0	FL		
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change violations of Section 607.050	atutes, trie a ras authoriza . Florida Sta	ibove- ed by t itutes	named corpo the corporation	oration submits this statement for the on's board of directors. I hereby acc	ept the appo	pintment as	registered
SIGNATURE	Signature, typed or printed name of registered a	agent and littli if applicable	(NO1E: Registers	ed Agent		oration submits this statement for the on's board of directors. I hereby account ad when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
SIGNATURE	Signature, typed or printed name of registered a			ed Agent			DATE ICERS AND		RS IN 12
SIGNATURE .	Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable	(NO1E: Registers 13.	ed Agent		od when reinstating)	DATE ICERS AND	DIRECTOR	RS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable	(NO1E: Registers 13. 1.1 T	od Agent	signature require	od when reinstating)	DATE ICERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A PD LEE, MARK A	agent and title if applicable IND DIRECTORS DELETE	(NOTE: Registers 13. 1.1 T 1.2 N 1.3 S	ed Agent ITLE IAME	DDRESS	od when reinstating)	DATE ICERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or printed name of registered a OFFICERS A PD LEE, MARK A 1891 BLUE HERON LANE	agent and title if applicable IND DIRECTORS DELETE	(NOTE: Registers 13. 1.1 T 1.2 N 1.3 S	ITLE IAME TREET AC	DDRESS	od when reinstating)	DATE FICERS AND	DIRECTOR	RS IN 12
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14. Thereby 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, one on attachment with an address.

SIGNATURE

2/98 9042854365