

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

Copy APPROVED
AND
FILED

1997 JUN 30 AM 9: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P94000059849 (7)
1. Corporation Name
NG DRYWALL, INC.

Principal Place of Business 260 SW 56TH AVE BLDG 9 APT 211 MARGATE FL 33068	Mailing Address 260 SW 56TH AVE BLDG 9 APT 211 MARGATE FL 33068-1689
---	--

3. Date incorporated or Qualified 08/15/1994	3a. Date of Last Report 04/23/1996
4. FEI Number 65-0511791	Applied <input type="checkbox"/> Not App <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Addit Fee Require
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Added to Fee
8. This corporation has liability for intangible tax under s. 199 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**GUTIERRES, NELSON
260 SW 56TH AVE
BLDG 9 APT 211
MARGATE FL 33068**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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]* DATE

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUTIERRES, NELSON	
STREET ADDRESS	260 SW 56TH AVE, BLDG 9 SUITE 211	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOPEZ, LEONEL	
STREET ADDRESS	260 SW 56TH AVE, BLDG 9 SUITE 211	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VILLANUERU, FRANCISCA	
STREET ADDRESS	260 SW 56TH AVE, BLDG 9 SUITE 211	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	200002230672-2
1.4 CITY-ST-ZIP	-07/03/97-01130-019
2.1 TITLE	***165.00 ***165.00 <input type="checkbox"/> Change <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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. 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

NELSON BLANFORD



7/30/97
6730197