

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

**FILED**

**May 16 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000067311 (8)**

1. Corporation Name  
**TITAN PLASTERING, INC.**



Principal Place of Business  
**4405 SW 67 TERRACE SUITE 210  
DAVIE FL 33314**

Mailing Address  
**806 W. HALLANDALE BCH. BLVD.  
HALLANDALE FL 33008-3241**

3. Date Incorporated or Qualified **09/08/1994** 3a. Date of Last Report **10/17/1996**

2. Principal Place of Business  
21. **Titan Plastering, Inc** 2a. Mailing Address  
26. **Titan Plastering Inc.**

4. FEI Number **65-0517165** Applied For  
Not Applicable

22. **906 W. Hallandale Bch Blvd** 23. **Hallandale, FL.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24. **33009** 25. **Brow.** 29. **33009** 30. **Brow.**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**KRAVITZ, BRUCE I  
11440 OKEECHOBEE BLVD SUITE 210  
ROYAL PALM BEACH FL 33411**

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

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>HOLZKNECHT, MICHAEL A</b>
STREET ADDRESS	<b>6841 SW 42 CT</b>
CITY - ST - ZIP	<b>DAVIE FL 33314</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>HOLZKNECHT, SCOTT A</b>
STREET ADDRESS	<b>9401 S.W. 6TH CT.</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL 33028</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>HOLKOYD, JOHN R</b>
STREET ADDRESS	<b>110 CAPE POINT CIRCLE</b>
CITY - ST - ZIP	<b>JUPITER FL 33477</b>
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 IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 included 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]* REQUIRED

CR2E034 (9/96)