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

PROFIT CORPORATION ANNUAL REPORT

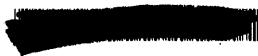


FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 894 00067311 TitAN Plastering, Inc.

## **FILED** May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
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						DO NOT WRITE IN THIS SPACE			
					3. L	Date Incorporated or Qualified		·	
2. Principal Place of Business 2a. Mailing Address					4.5	El Number	1 14	pplied For	
27 906 W. Hillsondale Bach 28					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	50517165		ot Applicable	
Suite, Apt. #, etc.						3-47	<u> </u>	Additional	
27					5. (	Certificate of Status Desired	4	tequired	
City & State City & State					<b>6</b> . E	Election Campaign Financing	\$5.00	May Be	
23 Hallandale, \$ 28						rust Fund Contribution		to Fees	
Zip	Country	Zip	Coun	lry		his corporation owes or has p			
24 5 %	9. Name and Address of Current	29 Registered Agent	301			ersonal Property Tax due Jun Name and Address of New R		No	
V.	AVITZ, BRUCE I	Hegieterou Agent		1 Name		Tarrio allo Addises Or Itsia I	adistaton whatit		
	440 <b>OKEECHOBEE</b> BLVD, SUITE 2	210							
ROYAL PALM BEACH FL 33411				Street	Address (P.C	Box Number is Not Accepts	ipie)	}	
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			Ē	4 City			<b>85</b> Zip	Code	
dd Buraunnt	to the province of Captions CO7 OFOG	and CO7 1509 Flacido Chatta	00 the abo		( companies	authorita this statement for the	FL 80 ZIP		
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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE Registe OFFICERS AND DIRECTORS 13			igent signatur		DDITIONS/CHANGES TO OFF	DATE	95 IN 13	
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I hereby certify that the information supplied with this filling 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 12 or Block 13 if changed, or on an attachment with an address.

ENAFERIES WOLKER LL