

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 AM 9:54

DOCUMENT # P94000068083 (2)

1. Corporation Name

AMERICANA DRYWALL CORP.

Principal Place of Business

4924 S.W. 11TH PLACE
MARGATE FL 33063

Mailing Address

4924 S.W. 11TH PLACE
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/15/1994

3a. Date of Last Report

4. FEI Number

65-0520925

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

2. Principal Place of Business

21 6043 KIMBERLY BLVD

2a. Mailing Address

26 6043 KIMBERLY BLVD

Suite, Apt. #, etc.

22 P

Suite, Apt. #, etc.

27 P

City & State

23 NORTH LAUDERDALE, FL

City & State

28 North Lauderdale, FL

Zip

24 33068

Country

25 USA

Zip

29 33068

Country

30 USA

9. Name and Address of Current Registered Agent

TAINTOR, F. ANDREWS
% SAUNDERS CURTIS GINESTRA & GORE, P.A.
1750 E. SUNRISE BLVD., 3RD FLOOR
FORT LAUDERDALE FL 33304-3097

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	JOSEPH NADBAU
STREET ADDRESS	4924 S.W. 11TH PLACE
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	VICE PRESIDENT
NAME	ROBERT CHARRON
STREET ADDRESS	2810 NE 42ND STREET
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	SECRETARY
NAME	NICOLE NADBAU
STREET ADDRESS	4924 S.W. 11TH PLACE
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	TREASURER
NAME	DIANE LACHAINE
STREET ADDRESS	2810 NE 42ND STREET
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH NADBAU, 01/20/95 305-973-6109