FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **P94000072098 (4)**

95 MAY 16 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1.
CONTRERAS DRYWALL, INC.

Principal Place of Business	Mailing Address
11710 NW 39TH ST SUNRISE FL 33323	11710 NW 39TH ST SUNRISE FL 33323

3. Date Incorporated / Qualified: 09/30/1994
3a. Date of Last Report:

4. FEI Number: ~~05-2137~~ 65-~~02-6038-7~~ — 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

2. Principal Place of Business | 2a. Mailing Address
21 | 26
22 | 27
23 | 28
24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

CONTRERAS, ELVIA
11710 NW 39TH ST
SUNRISE FL 33323

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]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	TITLE	Vice President (☒ Addition)
NAME	VICTOR H. Contreras	NAME	Dimas Contreras
STREET ADDRESS	11710 NW 39 th ST	STREET ADDRESS	11710 NW 39 th ST
CITY-ST-ZIP	Sunrise FL 33323	CITY-ST-ZIP	Sunrise FL 33323
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), 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: X *[signature]* 5/11/95 (305) 742-3449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0231238 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # P94000072290 (7)

1. Corporation Name

ASSURED HOME SERVICES, INC.

Principal Place of Business	Mailing Address
2557 MULBERRY DR S CLEARWATER FL 34621	2557 MULBERRY DR S CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1994
3a. Date of Last Report:
4. FEI Number: 59-3271123 — 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 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PALLADINO, STEPHEN
2557 MULBERRY DR S
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.1502 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 ______ DATE ______

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 TITLE: PRES. 1 NAME: STEPHEN PALLADINO 1 STREET ADDRESS: 2557 MULBERRY DR S. 1 CITY-ST-ZIP: CLEARWATER, FL 34621	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2 TITLE: VICE PRESIDENT 2 NAME: GERMANA ORAGE 2 STREET ADDRESS: 2557 MULBERRY DR S. 2 CITY-ST-ZIP: CLEARWATER, FL 34621	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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.

SIGNATURE: Germana Orage V. President 5/3/95 (813) 787-7904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E000 CP

FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY ... 9:15

FLORIDA ... STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000072511 (6)

1. Corporate Name

ENVIROTECH PROTECTIVE COATINGS, INC.

Principal Place of Business	Mailing Address
5629 RODMAN ST., BAY 2 HOLLYWOOD FL 33023	5629 RODMAN ST., BAY 2 HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1994

3a. Date of Last Report:

4. FEI Number: 65-0525972 — [ ] 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 Statute: [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2760 S Park Rd	26 2760 S. Park Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Pembroke Park FL	28 City & State: Pembroke Park FL
24 Zip: 33009 · 25 Country: USA	29 Zip: 33009 · 30 Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PANTER, KEITH R 5629 RODMAN ST., BAY 2 HOLLYWOOD FL 33023	81 Name: Keith R Panter 82 Street Address (P.O. Box Number is Not Acceptable): 2760 S Park RD 83 84 City: Pembroke Park FL 85 Zip Code: 33009

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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	PANTER, WILLIAM D JR.	NAME	
STREET ADDRESS	5629 RODMAN ST., BAY 2	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	CITY-ST-ZIP	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	PANTER, KEITH R	NAME	
STREET ADDRESS	5629 RODMAN ST., BAY 2	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	CITY-ST-ZIP	
TITLE	D	TITLE	D [X] Change [ ] Addition
NAME	MCDONALD, JAMES C	NAME	JAMES DEANGELO
STREET ADDRESS	5629 RODMAN ST., BAY 2	STREET ADDRESS	2849 NE 28th ST
CITY-ST-ZIP	HOLLYWOOD FL 33023	CITY-ST-ZIP	FT LAUDERDALE FL 33306
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE: W. D. Panter Jr. — William D Panter Jr. — 2-20-95 — 305 989-4950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0423258 FP