

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000005711 (3)

1. Corporation Name

DRY-N-RIGHT RECONSTRUCTION, INC.



Principal Place of Business

Mailing Address

9000 W. SHERIDAN ST., SUITE 127
PEMBROKE PINES FL 33024

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PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified 01/19/1995	3a. Date of Last Report
4. FEI Number 65-0559621	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2060 SW 71 Terr	26 2060 SW 71 Terr
22 Suite, Apt., etc. Bldg E-1	27 Suite, Apt., etc. Bldg E-1
23 City & State DAVIE, FL	28 City & State DAVIE, FL
24 Zip 33317	29 Zip 33317
25 Country Broward	30 Country Broward

9. Name and Address of Current Registered Agent

KELLY, BARBARA ANN
7303 CROOM RITAL ROAD
BROOKSVILLE FL 34602

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City
35 State FL
36 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, who is an officer or registered agent, or both, in the State of Florida, and who is familiar with the affairs of the corporation, hereby certifies that the change of registered agent is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE: *[Signature]* (NOTE: Registered agent signatures required when reinstating.)

12. OFFICERS AND DIRECTORS		13.
TITLE	PD <input type="checkbox"/> DELETE	11
NAME	KELLY, BARBARA ANN	12
STREET ADDRESS	7303 CROOM RITAL ROAD	13
CITY - ST - ZIP	BROOKSVILLE FL 34602	14
TITLE	STD <input type="checkbox"/> DELETE	21
NAME	BYRD, NELL	22
STREET ADDRESS	8081 CROOM RITAL ROAD	23
CITY - ST - ZIP	BROOKSVILLE FL 34602	24
TITLE	VD <input type="checkbox"/> DELETE	31
NAME	BYRD, HOLLY	32
STREET ADDRESS	6660 PARK STREET	33
CITY - ST - ZIP	HOLLYWOOD FL 33024	34
TITLE	<input type="checkbox"/> DELETE	41
NAME		42
STREET ADDRESS		43
CITY - ST - ZIP		44
TITLE	<input type="checkbox"/> DELETE	51
NAME		52
STREET ADDRESS		53
CITY - ST - ZIP		54
TITLE	<input type="checkbox"/> DELETE	61
NAME		62
STREET ADDRESS		63
CITY - ST - ZIP		64

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 I were empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nell Byrd* *Nell Byrd* **7/29/96** **954-723-0027**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Business Phone)

CR2E034 (3/96)