

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

**FILED**

**Feb 26 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000005711 (3)**

1. Corporation Name  
**DRY-N-RIGHT RECONSTRUCTION, INC.**



Principal Place of Business <b>2060 S.W. 71ST TERRACE BLDG. D-1 DAVIE FL 33317 US</b>	Mailing Address <b>2060 S.W. 71ST TERRACE BLDG. E-1 DAVIE FL 33317-7311 US</b>
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3. Date Incorporated or Qualified <b>01/19/1995</b>	3a. Date of Last Report <b>08/06/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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4. FEI Number <b>65-0559621</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

81 Name **Nell Byrd**  
82 Street Address (P.O. Box Number is Not Acceptable) **1530 E Sandpiper Cr.**  
83  
84 City **Pembroke Pines FL** 85 Zip Code **33026**

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 *Nell Byrd* DATE **2/20/97**

Signature typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KELLY, BARBARA ANN</b>	
STREET ADDRESS <b>7303 CROOM RITAL ROAD</b>	
CITY - ST - ZIP <b>BROOKSVILLE FL 34602</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BYRD, NELL</b>	
STREET ADDRESS <b>8081 CROOM RITAL ROAD</b>	
CITY - ST - ZIP <b>BROOKSVILLE FL 34602</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>BYRD, HOLLY</b>	
STREET ADDRESS <b>6660 PARK STREET</b>	
CITY - ST - ZIP <b>HOLLYWOOD FL 33024</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 <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Nell Byrd</b>	
1.3 STREET ADDRESS <b>1530 E Sandpiper Cr.</b>	
1.4 CITY - ST - ZIP <b>Pembroke Pines, FL 33026</b>	
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 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: *Nell Byrd* **Nell Byrd** DATE **2/20/97** TELEPHONE # **954-723-0027**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)