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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

CITY - \$1 - ZIP

STREET AUDRESS City-S1-ZiP

THILE

NAME

DOCUMENT # P95000030524 (9)

CE CE DRY WALL, INC.

Mailing Address Principal Place of Business 3306 SW 58TH AVE 3306 SW 58TH AVE FT LAUDERDALE FL 33314-1720 FT LAUDERDALE FL 33314 3a. Date of Last Report 3. Date Incorporated or Qualified 04/19/1995 07/26/1996 2. Principal Place of Business 4. FELNumber 2a. Mailing Address Applied For ollege Court 6975 65-0575348 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 ડોલ વ City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Z_{10} Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Browland 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GONZALEZ, CECILIA D 3306 SW 58TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33314 83 84 City Zip Code 11. Forsuard 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 tagillar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signal ed when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 11116 1.1 TITLE GONZALEZ, CECILIA D 1.2 NAME CR2E034 NAME 3306 SW 58TH AVE 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33314 CITY - ST - ZIP 1.4 CITY - ST - ZIP ☐ Change DELETE Addition THE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS City - St- Zie 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4 1 TITLE TITLE 4 2 NAME MASS STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 081Y-\$1-7iP DELETE Change Addition THILE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 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

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

DELETE