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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000033872 (9)

NORTH SPRINGS STUCCO, INC.

Principal Place of Business Mailing Address 15127 CARTER ROAD 15127 CARTER ROAD SUITE 203 SUITE 203 DO NOT WRITE IN THIS SPACE **DELRAY BEACH FL 33446** DELRAY BEACH FL 33446 3. Date Incorporated or Qualified 04/26/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 65-0576491 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Zin Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** BECKER, MICHAEL J 9350 AQUA VISTA BLVD. Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** 83 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 reinstaling) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition PT TITLE 1.1 TITLE NAME BECKER, MICHAEL 1.2 NAME STREET ADDRESS 9350 AQUA VISTA BLVD. 1.3 STREET ADDRESS **BOYNTON BEACH FL 3437** CITY-ST-ZIP 1.4 City-St-ZIP DELETE Addition TITLE Change 2.1 T(T) F BECKER, DAVID NAME 2.2 NAME 5342 FLAMINGO COURT STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 2. 4 CITY+ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TIME NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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 trusted 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.

FILED May 12 1998 8:00am Secretary of State

