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

PROFIT **CORPORATION ANNUAL REPORT**

1998

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

FILED Apr 29 1998 8:00am Secretary of State

1, Corporation	WHITE CEILINGS, INC.	JUU47995 (2)	•				
Principal Place of Business Mailing Address					-{	ANN OOMS ONGS INGSO NOM	9 (646) \$111 (881
3313 NW 15 TERR. 3313 NW 15 TERR.							
POMPANO BEACH FL 33084 POMPANO BEACH FL 330			3064		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	THIS OF ACE	
					06/20/1995		
2. Principal F	Principal Place of Business 2a. Mailing Address				4. FEI Number	49/4	Applied For
21					65-0589857		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, otc. 27					5. Certificate of Status Desired		Additional Required
City & State City & State					6, Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution Added to Fees		to Fees	
Žip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible		
24	9. Name and Address of Curret	29 30			Personal Property Tax due June 30.		
			81] Na	me	10. Namo and Addition of Now Hos	AND	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD					(D.O. B., N., C., S. N., A.,		
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable	8)	İ
OUTAL GABLES FL 33134			83				
			84 Cit			as 7is	Code
			1. 1			FL]	
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-nar	ned corpo	pration submits this statement for the purposes board of directors. I hereby accept	rpose of changing	Its registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes.	corporation	and board of directors. Thereby accept	, шо арропшном а	s registered
SIGNATURE							
12,	Signatura, typed or printed namin of registered age OFFICERS AN		Registered Agent sign	nature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECTO	RS IN 12
TITLE	PTD	DELETE	1,1 TITLE		ADDITIONO (ANTOED TO OTTION	Change	
NAME	O'ROURKE, CARL E		1.2 NAME				13
STREET ADDRESS			1.3 STREET ADDR	ESS]{
CITY-ST-ZIP			1.4 CITY-ST-ZIP				
TITLE	VSD	☐ DELETE	21 TITLE			Change	Addition
NAME	· · · · · · · · · · · · · · · · · · ·		2.2 NAME				
STREET ADDRESS	00.10.100.100.100		2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY - ST - ZIP			Change	☐ Addition
TITLE NAME	-		3.1 TITLE 3.2 NAME			□ Cuants	- YOURON
STREET ADDRESS	1		3.2 NAME 3.3 STREET ADDR	223			}
CITY-ST-ZIP			3.4. CITY-ST-ZIP	I			ļ
TITLE			4.1 TITLE			Change	Addition
NAME	4.3		4. 2 NAME	- [Į
STREET ADDRESS	ļ		4.3 STREET ADDRI	ESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		L DELETE	5.1 TITLE			L. Change	L_ Addition
NAME			5.2 NAME				ļ.
STREET ADDRESS			5.3 STREET ADDRE	ESS			Ì
CITY-ST-ZIP TITLE	 	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE			Change	Addition
NAME		_ bitch	6.2 NAME			L. J. S. Harrigo	
STREET ADDRESS	1		6.3 STREET ADDRI	ESS)
City-St-ZIP			6.4 CITY-ST-ZIP				j
14. I hereby	certify that the information supplied w	ith this filing does not qualify fo	the exemption of	stated in S	ection 119.07(3)(i), Florida Statutes. I fi	urther certify that the	e information

or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with ap address.