

APPROVED AND FILED *pg. 1 of 2*



97 NOV 19 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1990 West New Haven Ave. Suite 105 Melbourne, Fl 32904	(same as mailing)

3. Date Incorporated or Qualified 8/95	3a. Date of Last Report 1996
4. FE# Number 59-3341737	Applied For 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	

2a. Mailing Address:

26

Suite. Apt. #1, etc.

27]

City & State:

28

Zip

Country

29

9. Name and Address of Current Registered Agent

Patrick F. Healy
700 S. Babcock St. Suite 400
Melbourne, Fl 32901

81

Name Robert W. Menzel, Jr.

82

Street Address (P.O. Box Number is Not Acceptable)

83

Suite 105

84

City
Melbourne,

2

85	Zip Code 32904
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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: Robert W. Mendel, S.T. (Not Registered Agent Signature required when revisiting)

11/19/97
DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			1.2 NAME	Edith A. Stevens Menzel		
STREET ADDRESS			1.3 STREET ADDRESS	238 Cinnamon Lake Cir		
CITY - ST - ZIP			1.4 CITY - ST - ZIP	Melbourne, FL 32901		
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			2.2 NAME	David Stevens		
STREET ADDRESS			2.3 STREET ADDRESS	161 East Haven Dr.		
CITY - ST - ZIP			2.4 CITY - ST - ZIP	West Melbourne, FL 32904		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	Secretary Treasurer	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			3.2 NAME	Robert W. Menzel		
STREET ADDRESS			3.3 STREET ADDRESS	238 Cinnamon Lake Cir		
CITY - ST - ZIP			3.4 CITY - ST - ZIP	Melbourne, FL 32901	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	200002353062		
NAME			4.2 NAME	-11/20/97-01076-015		
STREET ADDRESS			4.3 STREET ADDRESS	****165.00 ****165.00		
CITY - ST - ZIP			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME	A. Alam		
STREET ADDRESS			5.3 STREET ADDRESS	11/19/97	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY - ST - ZIP			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE			
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			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)(j), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Block 13 changed: or on an attachment with an address.

Edith J. Stevens-Menzel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-97

407-6-76-4258

CR2E034 (9/96)

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FLORIDA CENTRAL
1990 West New Haven Ave., Suite 105
Melbourne, Florida 32904
(407) 676-4258

November 14, 1997

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporate Doc. # P95000064164
Florida Central Lath, Plaster & Drywall, Inc. (Corporation)

To whom it may concern,

This letter is an explanation for not filing our return by the due date, for the above corporation.

There has been a mix up of our mailing address. Previously there was a Post Office Box reported as our mailing address, therefore the form for filing was being sent to this mailing address. Unfortunately I was not receiving the form and I was depending on this for a reminder to file. This was incorrect on my part, please consider this a request for waiver of the late fee's that could be imposed.

I now understand that it is my responsibility file, regardless of whether I receive the form or not. To alleviate this situation I have posted the date of May St., for my future reference to file.

Thank you for your consideration

Respectfully Submitted,



Edie S. Menzel
President