SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

**199**8



FLORIDA DEPARTMENT OF STATE

Jul 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071070 (3)

SHORT & SONS PLASTERING, INC.

				<b>                                    </b>
Principal Place of <b>Bus</b> iness	Mailing Address			
5625 8TH AVE SW	5625 BTH AVE SW			
NAPLES FL 34119	NAPLES FL 34119 US		DO NOT WRITE IN THIS SPACE	
63	00		3. Date Incorporated or Qualified	
			09/14/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26 5625 Syc	amore Dr.	65-0612318	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	3 \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		& Election Campaign Financing	, \$5.00 May Be
23	County (	01	nd Contribution L	Added to Fees
Zip / llvec	county	hange	oration owes or has paid th	
24 (181	1		Property Tax due June 30.	Yes No
			nd Address of New Regist	ered Agent
s s n the na	0 -	otr	ee1,	
<b>3</b> - 3 - 3 - 3 - 3	~ 60 Sm	W ( 2 )	umber is Not Acceptable)	
"The NA	M.C.		<u></u>	
•		<b>~</b>		
	asil A	$_{s}$ $\kappa$ . $\omega$ .	<del></del>	FL 85 Zip Code
<u> </u>	SIN HA	<i>e</i>		<del></del>
11. Purst. office	, 84h. Am		is statement for the purpose sctors. I hereby accept the	appointment as registered
	<b>-1</b> -			
SIGNATUF  12.  TITLE  NAME  P.S.  STREET ADDRE  CITYST-ZIP  TUTE  TUTE  SIGNATUF  12.  VILLE  NAME  P.S.  STREET ADDRE  PLOSINESS OF	10	\_		ATE
12.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Jr.	S/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	camo			Change Addition
NAME P.S.	^	. 1	:	-
STREET ADORE MAILING + Plac	eof Thank	< 400 M.	1 4	
CITYSTZIP BUSINESS O	- The Same	smare	en suo	
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		22 NAME		. %
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	[] DELETE	3.1 TITLE		L Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	L DELETE	4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City-St-zip		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		,
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	L_  DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY OT 7ID		R & CITY CT. 7 ID		

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 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.