## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS 1996

OCUMENT	#	P95UUUU//	124	(4)
Corporation Name				` '

Mailing Address Principal Place of Business

Country

9. Name and Address of Current Registered Agent

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PARAMOUNT PLASTERING SYSTEMS, INC.

1711 EASTERN AVENUE ST. CLOUD FL 34769

2. Principal Place of Business

SCIPIONE, KARRIE

1711 EASTERN AVENUE

ST. CLOUD FL 34769

Suite, Apt. #, etc

City & State

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Zip

2a. Mailing Address

City & State

 $Z_{10}$ 

Suite, Apt. #. etc.

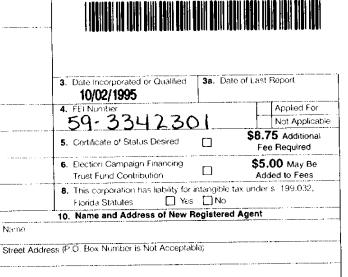
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1711 EASTERN AVENUE ST. CLOUD FL 34769



85 Zip Code City 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.

Country

81 Name

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SIGNATURE	Signature, typad or proted hank of registator lagina, and little if earth latin	10.0	( Flagatera i Agent signature respired	6.3.96 DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DEFEIF	1 1 1111,6	Change Addition
IAME	SCIPIONE, KARRIE		1.2 NAME	
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(TY - ST - ZIP	ST. CLOUD FL 34769		1.4 CHY+ST+ZIP	
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STREET ROUNESS			64 OHY \$1.70	

64.0 ft \$1-2 if

14. If do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report 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