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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF COHPORATIONS

DOCUMENT # P95000081172 (5)

P & K DRYWALLS INC.

Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2771 N.W. 1797H STREE MIAMI FL 33056-3522 2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 7ip 29 Current Registered Agent	Country 30 81 Name	3. Date Incorporated or Qualified 10/19/1995 4. FEI Number 65-0617874 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Reg	Yes No gistered Agent
21 Suite, Apt #, etc 22 City & State 23 Zip Country 24 25 9. Name and Address of PETER, ANTOINE 2771 N.W. 179TH STREET	26 Suite, Apt. #, etc 27 City & State 28 Zip 29	81 Name 82 Street Add	10/19/1995 4. FEI Number 65-0617874 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Res	05/01/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Intangible tax under s. 199.032, Yes \(\) No gistered Agent
21 Suite, Apt #, etc 22 City & State 23 Zip Country 24 25 9. Name and Address of PETER, ANTOINE 2771 N.W. 179TH STREET	26 Suite, Apt. #, etc 27 City & State 28 Zip 29	81 Name 82 Street Add	65-0617874 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Received.	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ntangible tax under s. 199.032. Yes \(\) No gistered Agent
Suite, Apt. #, etc. 22 City 8 State. 23 Zip Country. 24 9. Name and Address of PETER, ANTOINE. 2771 N.W. 179TH STREET.	Suite, Apt. #, etc 27 City & State 28 Zip 29	81 Name 82 Street Add	Certificate of Status Desired Election Campaign Financing Trust Fund Contribution This corporation has liability for in Florida Statutes Name and Address of New Reg	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees Intangible tax under s. 199.032. Yes No Sistered Agent
City & State 23 Zip Country 24 9. Name and Address of PETER, ANTOINE 2771 N.W. 179TH STREET	27 City & State 28 Zip 29	81 Name 82 Street Add	6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Regions 11. Name and Address of New Regions 12. The corporation of the corpo	Fee Required \$5.00 May Be Added to Fees ntangible tax under s. 199.032. Yes \(\sum \) No gistered Agent
City & State 23 Zip Zip Country 24 9. Name and Address of PETER, ANTOINE 2771 N.W. 179TH STREET	28 Zip 29	81 Name 82 Street Add	Trust Fund Contribution 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Registron	Added to Fees ntangible tax under s. 199.032, Yes No gistered Agent
Zip Country 24	7ip 29	81 Name 82 Street Add	This corporation has liability for in Florida Statutes Name and Address of New Registry	ntangible tax under s. 199.032, Yes
9. Name and Address of PETER, ANTOINE 2771 N.W. 179TH STREET		81 Name 82 Street Add	10. Name and Address of New Re	gistered Agent
PETER, ANTOINE 2771 N.W. 179TH STREET		82 Street Add		
2771 N.W. 179TH STREET			dress (P.O. Box Number is Not Acceptab	
			dress (P.O. Box Number is Not Acceptab	
MIAWI FL 33030		83		le)
		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 6	07.0502 and 607.1508, Florida State	ites, the above-named cor	rporation submits this statement for the p	urpose of changing its registered
office or registered agent, or both, in the agent. I am familiar with, and accept the	e State of Florida. Such change was e obligations of, Section 607,0505. F	i authorized by the corpora Florida Statutes.	ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE Antone	Peter		2- 8	² 3 – 97-
Signaries type dial pouted name of regis	there diagram and tille if applicable (NC	OTE Registered Agent signature requ		DATE
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THE PSD	DELETE	1.1 TITLE		Change Addition
NAME PETER, ANTOINE		1.2 NAME		
STREET ADDRESS 2771 N.W. 179TH STREE	Ŧ	1.3 STREET ADDRESS		
CITY-SI-ZIP MIAMI FL 33056		1.4 CITY-ST-ZIP		
THE TD	DELETE	2.1 TITLE	TYACINTH C. PETO	Change 🗷 Addition
NAME AUGUSTINE, KIROL		22 NAME	THE AME 170 CT	2007
STREET ADDRESS 15223 S.W. 107 COURT		2.3 STREET ADDRESS	111 14 318	:66.
CHY-ST-ZIP MIAMI FL 33157	-	2. 4 CITY-ST-ZIP	1/AMI, PL. 3309	
THE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREE F ADDRESS		3.3 STREET ADDRESS		
CHY-S1-240		3.4. CITY-ST-ZIP		
TIFLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CHY-S1-Z0		4.4 CITY - ST - ZIP		
Title	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY+ST-Z#		5.4 CITY-ST-ZIP		
TitleF	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS	•	6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 CITY-ST-ZIP		
14. Edo hereby certify that the information s	supplied with this filing does not qua	lify for the exemption state	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal	s. I further certify that the

SIGNATURE

SASMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

2-23-97 - 305 6252374

FILED

Feb 28 1997 8:00am

Secretary of State