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 CORPORATIONS

DOCUMENT # P96000019312 (3)

IGGY DRYWALL INC.

Principal Place of Business	Mailing Address
13415 LA PLACE APT 117	13415 LA PLACE APT 117

FILED Apr 16 1997 8:00am Secretary of State



IAMPA FL 330	12	IMMPR PL 33012-3030						
						 Date Incorporated or Qualified 02/15/1996 	3a. Date of La	ist Report
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	` I	Applied For
21 26						<u>59-3341850</u>		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5. Certificate of Status Desired	4	75 Additional e Required
	City & State City & State					6. Election Campaign Financing	\$5.	.00 May Be
23		28				Trust Fund Contribution		ded to Fees
7 ip	Country	ntry Zip Country		ŗ	8. This corporation has liability for in		ler s. 199.032,	
24	25	29	30	,			Yes No	
	9. Name and Address of Cur	rent Registered Agent		81	None	10. Name and Address of New Reg	listered Agent	
	'ARES, JOSE A			61	Name			
	15 LA PLACE APT 117			82	Street Add	dress (P.O. Box Number is Not Acceptable	e)	
TAM	IPA FL 33812				ļ			
				83	ĺ			
				84	City	·	85	Zip Code
						rporation submits this statement for the pu	<u>FL " </u>	
agent La				_		ation's board of directors. I hereby accep-		it as registered
12.	Signature, typical or printed name of registered	AND DIRECTORS	13.		ant signature requ	ulrad whan reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	TOPS IN 12
TILE	DP OF TOLLIS	DELETE		TITLE		ADDITIONS/CIPANGES TO OFFICE	☐ Cha	
NAME	CAZARES, JOSE A	<u></u>	•	NAME	j			
STREET ADDRESS	13415 LA PLACE APT 117				ADDRESS			
City-St-ZiP	TAMPA FL 33612			CITY-S				
THILE	DV	DELETE		TITLE	··· • • • • • • • • • • • • • • • • • •		Cha	nge Addition
NAME	CAZARES, LAURA I	-	2.2	NAME	}			-
STREET ADDRESS	13415 LA PLACE APT 117				T ADDRESS			
CITY - \$1 - 20P	TAMPA FL 33612		2.4	2. 4 CITY-ST-ZIP				
TITLE		DELETE		TITLE			☐ Cha	inge Addition
NAME			3.21	NAME	1			
STREET ADDRESS			3.3	STREET	T ADORESS			
CHY-S1-ZiP			3.4.	ÇITY-	ST-ZIP			
TITLE		☐ DELETE	4.1	TITLE			Cha	nge Addition
NAME			4 2	NAME	ĺ			
STREET ADDRESS			43	STAEET	r address			
CITY-S1-7iF				CITY-S	ST-ZIP	······································		
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NAME	1			NAME				
STREET ADDRESS					TADDRESS			
CITY-SI-ZIF		Delete		•	ST-ZIP		Cha	nge Addition
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NAME			1	NAME				
STREET ADDRESS					T ADDRESS			
CHY-ST-ZIP	1		6.4	CITY-S	ST - ZIP			

4. I do 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 repeitor 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 granged, or or an attachment with an address.

SIGNATURE:

Conil 10,1991 813-912-9120