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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State .. DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600050490 (7)

FAMILY DRYWALL, INC.

FILED Feb 13 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address		
1926 SW 63 TERRACE	1926 SW 63 TERRACE		200
POMPANO BEACH FL 33068	POMPANO BEACH FL 330	68-4936	
			3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1996
Principa' Place of Business The Principa' Place of Business	2a. Mailing Address 26		4. FFI Number Applied For Not Applicable
Suite, Apt. #. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
Zip Country	7 Zip	Country	Trust Fund Contribution Added to Fees
24 25	29	30	8. This corporation has tiability for intangible tax under s. 199.032, Florida Statutes Yes No
g. Name and Address of Curren			10. Name and Address of New Registered Agent
CORRUGEDO, LORENZO		81 Name	
1926 SW 63 TERRACE POMPANO BEACH FL 33068		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
^		83	
		84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0503	2 and 607 1508. Florida Statu	tes the above-named corp	poration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State agent I am familiar with, and accept the obliga	of Florida, Such change was	authorized by the corporati	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE.		•	
Signature, typed or printed name of registered ager		TE: Registered Agent signature require	
12. OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
		1.2 NAME	LONZO COPPUSEDO
STREET ADDRESS 1021 C (12 12 2	100	. 1.3 STREET ADDRESS //	AZI S MI 1/2 TERR
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TOTAL TO	16 1611 11 3306	1.4 CITY-ST-ZIP	LONZU COERU GEDO 976 SIN 63 TERR DOUDAND BEACH H33064
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
C/TY - SI - ZIP	DELETE	2. 4 CITY - ST- ZIP 3.1 TITLE	Change Addition
NAME	L. Otter	3.2 NAME	Change Roughbit
STREET ADDRESS		3.3 STREET ADDRESS	
City-St-ZiP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-SI-7/P		4.4 City-St-ZiP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAMÉ		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME	hand becker	6.2 NAME	En visinge En notition
STREET ADDRESS		6.3 STREET ADDRESS	
DITY-ST-ZP		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)(i). Florida Statutes. I further certify that the information indicated on this armual 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.

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