5-19-97 B 7471 C

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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # P96000056257 (4)

1. Corporation Name
JMB PROFESSIONAL WALL COVERING INC.

Principal Place of Business	Mailing Address
9814-E WATERMILL CIRCLE BOYNTON BEACH FL 33437	9814-E WATERMILL CIRCLE BOYNTON BEACH FL 33437-2843

2. Principal Place of Business: ~~[illegible]~~	2a. Mailing Address: Same
21	26
22 Suite, Apt. #, etc.: Boynton	27 Suite, Apt. #, etc.
23 City & State: FL	28 City & State
24 Zip: 33437 — 25 Country: USA	29 Zip — 30 Country

3. Date Incorporated or Qualified: 07/01/1996
3a. Date of Last Report: 07/01/1996
4. FEI Number: 65 0687528 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAGOONATH, MICHAEL R
200 KNUTH ROAD STE 248-E
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JEFFREY BREAR		1.2 NAME	
STREET ADDRESS	9814 E WATERMILL CIRCLE BOYNTON		1.3 STREET ADDRESS	
CITY-ST-ZIP	FL 33437		1.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JENNY BREAR		2.2 NAME	
STREET ADDRESS	9814 E WATERMILL CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON FL 33437		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
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-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		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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

SIGNATURE: [signature] JEFFREY BREAR /04/29/97/ (561)737-0015