


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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000070840 (9)**

1. Corporation Name
SUNRISE PLASTERING, INC.



Principal Place of Business 1311 BROADWAY AVENUE LEHIGH ACRES FL 33936	Mailing Address 1311 BROADWAY AVENUE LEHIGH ACRES FL 33972-2219
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0676566		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	25 Country	29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**STEWART, CHRISTINE B
1311 BROADWAY AVENUE
LEHIGH ACRES FL 33936**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Christine B Stewart*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT/SECRETARY
NAME	STEWART, CHRISTINE B	1.2 NAME	
STREET ADDRESS	1311 BROADWAY AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	Vice President
NAME	STEWART, JOHN K	2.2 NAME	
STREET ADDRESS	1311 BROADWAY AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	FLOYD, RICHARD D	3.2 NAME	
STREET ADDRESS	3260 SOUTH ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH FORT MYERS FL 33917	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: *Christine B Stewart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97 (941)368-0673

Date

Daytime Phone #

CR2E034 (9/96)