

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 # P96000088580 (1)

1. Corporation Name
LASMAR EXTERIOR CONTRACTORS, INC.

Principal Place of Business
3304 EL MONTE CT
TAMPA FL 33614

Mailing Address
3304 EL MONTE CT
TAMPA FL 33614-2725

FILED

97 JUN 27 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/28/1996			
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-3417428		Not Applicable	
24 Country		29 Country		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				10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name JULIE L. OFFER			
				82 Street Address (P.O. Box Number is Not Acceptable) 3304 EL MONTE CT			
				83			
				84 City Tampa FL 85 Zip Code 33614			

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 Julie Offer DATE 3/11/97
Signature typed printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE DPST				11 TITLE			
NAME OFFER, JULIE L				12 NAME			
STREET ADDRESS 3304 EL MONTE CT				13 STREET ADDRESS			
CITY-ST-ZIP TAMPA FL 33614				14 CITY-ST-ZIP			
				21 TITLE			
				22 NAME			
				23 STREET ADDRESS			
				24 CITY-ST-ZIP			
				31 TITLE			
				32 NAME			
				33 STREET ADDRESS			
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				44 CITY-ST-ZIP			
				51 TITLE			
				52 NAME			
				53 STREET ADDRESS			
				54 CITY-ST-ZIP			
				61 TITLE			
				62 NAME			
				63 STREET ADDRESS			
				64 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 Julie Offer DATE 3/11/97 8/3-266-9978

CR2E034 (9/96)