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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 10 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P97000012684**

1. Corporation Name
DEACO PLASTERING, INC.

Principal Place of Business	Mailing Address
3450 CHEROKEE STREET NAPLES FL 33962	3450 CHEROKEE STREET NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip 29 Country 30

3. Date Incorporated/Qualified
02/06/1997

4. FEI Number
65-0795246
Applied For / Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Effective Campaign Financing Trust Fund Contribution $5.00 May Be Added to Fees

8. This corporation owes no taxes on personal property. Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

QUINN, JEFFREY C
307 AIRPORT ROAD NORTH
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: Vickie Lambert
82 Street Address (P.O. Box Number is Not Acceptable): 5448 25th Ave SW
83
84 City: Naples FL 85 Zip Code: 34116

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above name of 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: Vickie Lambert 4-28-99
Signature, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	11 TITLE	[ ] Change [ ] Add
NAME	LAMBERT, ARMANDO		12 NAME	
STREET ADDRESS	3450 CHEROKEE ST.		13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112		14 CITY-ST-ZIP	
TITLE	VP	[ ] DELETE	21 TITLE	[ ] Change [ ] Add
NAME	LAMBERT, VICKIE		22 NAME	
STREET ADDRESS	5448 25TH AVE. S.W.		23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Add
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(4)(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, with all other like empowered.

SIGNATURE: Vickie Lambert 4-29-99 941-592-8058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (11/98)