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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000018868 (4)

MAJON	DRYWALL, INC.			I HADINADI INA RAWI MANI ARIIK ARIIK ARIK ARAWI ARAWI ARIAK IRIDA K	Olio Ario) (Dil IACI
Principal Plac	e of Business	Mailing Address			0110 01101 1411 1801
1137 EDGEWA	ATER DRIVE	1137 EDGEWATER DRIVE			
ORLANDO FL 32804		ORLANDO FL 32804		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	<u> </u>
				02/27/1997	
2. Principal F	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-3429347	Not Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.			.75 Additional ee Required
City & Stat	70	City & State			5.00 May Be
13	-	28			dded to Fees
Zip	Country	7(0)	Country	8. This corporation owes or has paid the currently	
24	25	29	30	Personal Property Tax due June 30. Yes	
	g, Name and Address of Currer	nt Registered Agent	B1 Name	10. Name and Address of New Registered Agent	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Fiorida Statute of Florida, Such change was a ations of, Section 607.0505, Fic	84 City os, the above-named coulhorized by the corporated Statutes.	orporation submits this statement for the purpose of changration's board of directors. I hereby accept the appointment	Zip Code ging its registered ant as registered
SIGNATURE			os, the above-named coulhorized by the corporated Statutes.	orporation submits this statement for the purpose of changration's board of directors. I hereby accept the appointment	•
SIGNATURE	Signature, typical or printed name of registered age		/	orporation submits this statement for the purpose of changration's board of directors. I hereby accept the appointment	ging its registered ant as registered
SIGNATURE	Signature, typical or printed name of registered age	entacid të i dapphi able (NOTE	os, the above-named c julhorized by the corporated Statutes.	orporation submits this statement for the purpose of changration's board of directors. I hereby accept the appointmental squired when reinstating) DATE	ging its registered ont as registered CTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICE HS AN	entand for all applicable (NOTE	os, the above-named culthorized by the corporida Statutes. Fingistored Agent eignature re	orporation submits this statement for the purpose of changration's board of directors. I hereby accept the appointment of the purpose of changration's board of directors. I hereby accept the appointment of the purpose of changration of the purpose of the purpos	ging its registered ont as registered CTORS IN 12
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14. Thereby 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 receive of Indice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attentional with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 City-ST-Zip

6 3 STREET ADDRESS 6 4 CITY- ST-ZIP

SIGNATURE:-

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TIM BROWN

2/9/98 407-872-333

Change

FILED

Feb 16 1998 8:00am

Secretary of State