

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000030615 (3)
1. Corporation Name
STUCCO-GUARD, INCORPORATED



Principal Place of Business 5497 BENCHMARK LANE SANFORD FL 32771	Mailing Address 5497 BENCHMARK LANE SANFORD FL 32771
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3449699	
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	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHMITT, ELIZABETH 5497 BENCHMARK LANE SANFORD FL 32771				10. Name and Address of New Registered Agent	
81	Name	RICHARD SCHMITT			
82	Street Address (P.O. Box Number is Not Acceptable)	5497 BENCHMARK LANE			
83					
84	City	SANFORD	85	Zip Code	32771

11. Pursuant to the provisions of Sections 607.0302 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 607.0305, Florida Statutes.

SIGNATURE *Richard R. Schmitt* DATE 4/28/98
Signature: Type or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AESCH, HAROLD			1.2 NAME			
STREET ADDRESS	4247 ROCKY RIDGE PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL 32773			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHMITT, ELIZABETH			2.2 NAME			
STREET ADDRESS	292 WEKIVA PARK DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL 32771			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDBERG, RUSSELL			3.2 NAME			
STREET ADDRESS	118 WEST ORANGE ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHITWOOD, KENNETH			4.2 NAME			
STREET ADDRESS	482 LAKEPORT COVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL 32707			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHMITT, RICHARD			5.2 NAME	PIS SCHMITT RICHARD		
STREET ADDRESS	292 WEKIVA PARK DRIVE			5.3 STREET ADDRESS	292 1857 SOUTH RIDGE LAKE CIRCLE		
CITY-ST-ZIP	SANFORD FL 32771			5.4 CITY-ST-ZIP	LONGWOOD FL 32779		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	LES SAVAGE VIP		
STREET ADDRESS				6.3 STREET ADDRESS	7152 MEMORY LANE		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	ORLANDO FL 32809		

14. I 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 *Richard R. Schmitt* DATE 4/28/98

CR2E034 (10/97)