


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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P.97000052552</i> 1. Corporation Name <i>DENNIS Plastering Inc.</i>					
Principal Place of Business <i>12024 SW. 270TH ST. NARAYNA FLA.</i>			Mailing Address		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <i>SAME</i>		2a. Mailing Address 25 <i>SAME</i>		3. Date Incorporated or Qualified <i>6/10/97</i>	
22 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <i>65-0758958</i>	
23 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip <i>33032</i> Country <i>FLA</i>		28 Zip <i>33032</i> Country <i>FLA</i>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May be Added to Fee	
9. Name and Address of Current Registered Agent <i>JAMES E. TICE 16220 SW 280TH ST HUNTERSTEAD FLA. 33031</i>			10. Name and Address of New Registered Agent		
			81 Name <i>N/A</i>		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <i>FL</i> 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 <i>4/30/98</i> Signature typed in printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE			1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> A		
1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> DELETE			2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> A		
2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
3.1 TITLE <input type="checkbox"/> DELETE			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> A		
3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
4.1 TITLE <input type="checkbox"/> DELETE			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> A		
4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
5.1 TITLE <input type="checkbox"/> DELETE			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> A		
5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> A		
6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		

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: *James Dennis* *TAMES DENNIS/PRES* *4/30/98* *305 258 1770*