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

PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999 🐃				
DOCUMENT # P9700054284 ACE DRYWALL & DESIGNS INC.				99 JUR -t PH 1: 10	
				Sacherman	r STATE
				I IORIJOGI HO TOČIT TOTI O SOCIETICI I	HANDER OF THE LEWIS COME
Principal Place of Business Malling Address					
1300 STIRLING RD. STE. 6B 1300 STIRLING RD. STE. 6B DANIA FL 33004 DANIA FL 33004					
OWNIN LE 3300	r	DARIA IL SSOA		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 06/19/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0700516	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 28		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25	29 3	0	Personal Property Tax.	Yes X No
	9. Name and Address of Curre			10. Name and Address of New Registere	d Agent
201			81 Name		
POULIN. YVES 2790 S.W. 51 TERRACE PEMBROKE PARK FL 33023			82 Street Add	ress (P.O. Box North in No Ad 2016)	חכתכי
				-06/17/99	
			83	****150.00	
			84 City		95 Zin Code
				poration submits this statement for the purpose	
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was auth ations of, Section 607.0505, Florid	norized by the corporati la Statutes.	ion's board of directors. I hereby accept the app	o ntment as registered
Signature, typed or printed name of registered agent and little if applicable (NOTE: Registe			egistered Agent signature require		
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition
TITLE	P NOUIN WEE	C) DELETE	1.1 TITLE		☐ Criange ☐ Addition
NAME	POULIN, YVES 2790 SW 51 TERR		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	PEMBROKE PARK FL 33004		1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	VOP	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	LOISELLE, RAYMOND	7	22 NAME		•
STREET ADDRESS	4890 NW 29 CT, 207		23 STREET ADDRESS		
ÇITY-ST-ZIP	LAUDERDALE LAKES FL 3331	3	2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		/	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	- 		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	54 CITY-ST-ZIP 6.1 TITLE		Change
TITLE	i e e e e e e e e e e e e e e e e e e e				• Livinge Circonon

6.4 CITY-ST-ZIP 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 of 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

Toolin Pes

982-8227

CR2E034 (11/98)