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FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVILION OF CORPORATIONS

'MENT#

P98000076619 0€

L.P.S. LATH, PLASTERING & STUCCO INC

Mailing Address

P.O. Box 100863

May 13, 1999 8:00 am Secretary of State 05-13-1999 90044 002 ***150.00

Ft. Lauderda	ale F1 33310			
			DO NOT WRITE IN T	HIS SPACE
			3. Date Incorporated or Qualifed SEPTEMBER 1, 1998	
hach of Eusiness	2a. Mailing Address		4. FEI Number) Appead For
	26 PO Box 10	0.863	65-0861938	Not Applicable
The sector	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 An tolena Fee Required
	City & State [28] F 1 3 3 3 1 0		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country	Zip 29	Country 30	This corporation owes the current year Personal Property Tax.	Intangible Yes 140
9. Name and Address of Ci			10. Name and Address of New Register	ed Agent
		81 Name		
Daniel A Mod	las	82 Street	Address (P.O. Box Number is Not Acceptable)	
Prof Financi	ial Acct Inc.			
PO Box 21723	3	83		
1215 SE 2 Av	7enue	84 City		185: Zie Cade
Ft. Lauderda		City	F	-L
to the provisions of Sections 60 registered agent, or both, in the 5	7 0502 and 607 1508. Florida Statu	authorized by the corp	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the appropriate the second of the second o	e of changing its registered pointment as mulithered

32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				tegistered Agent signature require	(NOTE: R	promoture, crosed or printed name of tegist
Table Tabl				OFFICERS AND DIRECTORS	OFFICE	
PO Box 100863 Ft. Lauderdale F1 33310 DELETE DELETE 21 TITLE 22 NAME 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP DELETE 41 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5 TITLE	Addition	□ Chang		1.1 TITLE	DELETE	PAIL D
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62 NAME				6.2 NAME		
. 6.3 STREET ADDRESS .				6.3 STREET ADDRESS		
6.4 City-SY-ZIP						•

Lev 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 much 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 or or prector 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 12 or Block 13 if changed for on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

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