PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000102669

ADVANCE DRYWALL FINISH, INC.

Principal Place of Business Mailing Address 32 N. CORTEZ DRIVE MARGATE FL 33068 32 N. CORTEZ DRIVE MARGATE FL 33068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/09/1998 2. Principal Place of Business 21 32N Cortex Applied For 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apl. #, etc. Fee Required 27 \$5:00 May Be - - 4 City & State 6. Election Campaign Financing City & State Added to Fees Mar Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year intangible Country USB Personal Property Tax. Yes □No 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GRANDOS-RIVERA, JOSE 82 Street Address (P.O. Box Number is Not Acceptable) 32 N. CORTEZ DRIVE MARGATE FL 33068 Zip Code City 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 CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, 12. Change ☐ Additio DELETE 11 TIRE TITLE GRANDOS-RIVERA, JOSE. 1 2 NAME NAME 32 N. CORTEZ DI 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP Change --- - Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE MILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change DELETE me 8 2 NAME

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 suppliemental 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, with all other like empowered.

6.3 STREET ADDRESS

NAME

STREET ADDRESS

EN SEQUIRED

FILED

Secretary of State

03-10-1999 90270 044 ***150.00

Mar 10, 1999 8:00 am