FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida

APPROVED
AND
FILED

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S74593 (2)

1. Corporate Name
OCEAN COAST DRYWALL, INC.

Principal Place of Business
3602 NW 82 AVE
CORAL SPRINGS FL 33065

Mailing Address
3602 NW 82 AVE
CORAL SPRINGS FL 33065

3. Date Incorporated (or Qualified) 08/16/1991
3a. Date of Last Report 04/28/1994

2. Principal Place of Business
21 6601 Lyons Rd
22 Suite Apt # etc. C-3
23 City & State Coconut Creek
24 FL 25 Zip Code 33073

2a. Mailing Address
26 6601 Lyons Rd
27 Suite Apt # etc. C-3
28 City & State Coconut Creek FL
29 33073 30 County Broward

4. FEI Number 65-0284873 Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

7. Does corporate income exceed $100,000? Florida Statute [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
CHAMBERLAND, PETER
3602 NW 82 AVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6601 Lyons Rd C-3
83 Coconut Ck
84 City FL 85 Zip Code 33073

11. Pursuant to the provisions of Section 607.0505 and/or 607.1508 Florida Statutes, the above named corporation is doing business in the State of Florida but has determined that it is required to maintain a registered office and registered agent 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 hereby accept the obligations of section 607.0505 Florida Statutes.

4-27-95

12. OFFICERS AND DIRECTORS
PD
NAME CHAMBERLAND, PETER
3602 NW 82 AVE
CORAL SPRINGS FL
V
NAME CHAMBERLAND, CYNTHIA
3602 NW 82 AVE
CORAL SPRINGS FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
[ ] Change [ ] Addition

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****200.00 ****200.00

5/1/95 NGB

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07, Florida Statutes. Further, I/We have reviewed and attest to the annual report or supplemental annual report to be true and accurate and that no material facts have been omitted or misstated under oath. I/We are aware of the requirement of the filing of the annual or supplemental annual report as required by Chapter 607, Florida Statutes, and that my name appears above, or block and signature on the attachment with an address.

SIGNATURE: 4-27-95 428-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

0100763 CP