

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

FILED

Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S74593** (2)
1. Corporation Name
OCEAN COAST DRYWALL, INC.

Principal Place of Business 6601 LYONS RD. C-3 COCONUT CREEK FL 33073	Mailing Address 6601 LYONS RD. C-3 COCONUT CREEK FL 33073
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3431 SW 11 ST Suite, Apt. #, etc. 22 Unit 1 City & State 23 Deerfield Bch, FL Zip 24 33442		2a. Mailing Address 26 3431 SW 11 ST Suite, Apt. #, etc. 27 Unit 1 City & State 28 Deerfield Bch, FL Zip 29 33442		3. Date Incorporated or Qualified 08/16/1991	
		4. FEI Number 65-0284873		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHAMBERLAND, PETER 6601 LYONS RD. C-3 COCONUT CREEK FL 33073		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3431 SW 11 ST Unit 1 83 84 City Deerfield Bch FL 85 Zip Code 33442	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAND, PETER	1.2 NAME	
STREET ADDRESS	3602 NW 82 AVE	1.3 STREET ADDRESS	6717 NW 65 TERR
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Parkland, FL 33067
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Cynthia Chamberland
STREET ADDRESS		2.3 STREET ADDRESS	6717 NW 65 TERR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Parkland, FL 33067
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  2-26-98

CR2E034 (10/97)