

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V57401

1. Corporation Name

NORM'S CEILING & DRYWALL, INC.

Principal Place of Business 11230 PINE FOREST DR. NEW PORT RICHEY, FL 34654	Mailing Address 11230 PINE FOREST DR. NEW PORT RICHEY, FL 34654
---	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	8-5-92	5-1-96
22	27	4. FEI Number	Applied For
City & State	Suite, Apt. #, etc.	59-3139415	Not Applicable
23	28	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	City & State	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	6. Election Campaign Financing	Trust Fund Contribution
Country	Country	<input type="checkbox"/>	<input type="checkbox"/>
25	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent NORMAN W LISKE 11230 PINE FOREST DR NEW PORT RICHEY, FL 34654	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
---	--

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 officer 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	NAME	1.1 TITLE	1.2 NAME
1.1	1.2	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1.1	1.2	2.1 TITLE	2.2 NAME
1.1	1.2	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
1.1	1.2	3.1 TITLE	3.2 NAME
1.1	1.2	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
1.1	1.2	4.1 TITLE	4.2 NAME
1.1	1.2	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
1.1	1.2	5.1 TITLE	5.2 NAME
1.1	1.2	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
1.1	1.2	6.1 TITLE	6.2 NAME
1.1	1.2	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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: Norman W Liske 4-30-97 (813) 856-8135

CR2E034 (9/96)