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FILED
Mar 19 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 # V72415

(5)

1. Corporation Name

BORN PLASTERING, INC.

Principal Place of Business

30384 OLD DIXIE HWY
HOMESTEAD FL 33033

Mailing Address

30384 OLD DIXIE HWY
HOMESTEAD FL 33033-3215



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

BORN, BILLIE JEAN
30384 OLD DIXIE HWY
HOMESTEAD FL 33033

3. Date Incorporated or Qualified

10/20/1992

3a. Date of Last Report

03/25/1996

4. FEI Number

65-0378633

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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

(If not a type the printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| NAME | DELETE |
|--|--------------------------|
| DP BORN, BILLIE JEAN 30384 OLD DIXIE HWY HOMESTEAD FL | <input type="checkbox"/> |
| DV BORN, HARLEY 30384 OLD DIXIE HWY HOMESTEAD FL | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | Change | Addition |
|--------------------|--------------------------|--------------------------|
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY - ST - ZIP | | |
| 21 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY - ST - ZIP | | |
| 31 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY - ST - ZIP | | |
| 41 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY - ST - ZIP | | |
| 51 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY - ST - ZIP | | |
| 61 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 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 included 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 or changed on an attachment with an address.

SIGNATURE:

Harley B.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97 305-852-3667

Date

Daytime Phone #

CR2E034 (9/96)