

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

FILED
Apr 24 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 # F44716 (1)
 1. Corporation Name
FLORIDA PAINTING & SMALL EQUIPMENT, INC.



Principal Place of Business 7961 W. 25TH CT. HIALEAH FL 33016	Mailing Address 7961 W. 25TH CT. HIALEAH FL 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	18625 N.W. 42nd Pl	09/16/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 OPA LOCKA		59-2127143	
City & State		City & State		5. Certificate of Status Desired	
23		28 OPA LOCKA FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24		29 33055	30 DADE	<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

EVANS, L.P., JR
 2800 DOUGLAS ROAD, STE 808
 CORAL GABLES FL 33134

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	RESIDENT
NAME	CHUNG, RICHARD T.	1.2 NAME	CHUNG, RICHARD T.
STREET ADDRESS	1030 NW 198 ST.	1.3 STREET ADDRESS	18625 N.W. 42ND PL.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	OPA-LOCKA FL
TITLE	D	2.1 TITLE	DIRECTOR
NAME	CHUNG, SUI M.	2.2 NAME	CHUNG, SUI M.
STREET ADDRESS	1030 N.W. 198TH STREET	2.3 STREET ADDRESS	18625 N.W. 42ND PL
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	OPA-LOCKA FL
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Richard T. Chung April 13 98 (305) 558-2934

CR2E034 (10/97)