Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90022 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # H06931**

1. Corporatio						ı		
IVIADATE	ION PAINTERS, INC.						HU didi r Brohi did	
Principal Plac	e of Rusiness	Mailing Address					HI DIDII BIDII BID	EN MANNA MANAN AMAN
% PIERRE BITZ		% PIERRE BITZAN						
365 DESOTO F		365 DESOTO PAR				1		
SATELLITE BEACH FL 32937		SATELLITE BEACH FL 32937				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 06/07/1984		
2. Principal P	Place of Business	2a. Mailing Addre	ess			4. FEI Number		Applied For
21		26				59-2418637		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		Additional Required
City & Stat	te	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution	•	d to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax	Yes	□No
1	9. Name and Address of Current					10. Name and Address of New Register	ed Agent	
				81	Name			
	ZANAKIS, PIERRE			82	Street Add	tress (P.O. Box Number is Not Accentable)	_	
365	DESOTO PARKWAY				Street Address (P.O. Box Number is Not Acceptable)			
SAT	ELLITE BEACH FL 32937			83				
				84	-		05 7	p Code
							\85 Zi	p Code
					' '		L S	
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligati	of Florida, Such chanc	ae wae aiitha	the above	e-named corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing	its registered registered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such changions of, Section 607.0	ge was autho 0505, Florida	the above orized by Statutes.	e-named corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing	its registered registered
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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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CPRES) 04-02-99- 407-779-3777