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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # K74637

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90187 021 ***150.00



PHINTER	i's finishing services,	INC.						
Principal Place	e of Business	Mailing Address			T INCIDENT BUT TOO IN GUARA BURBO IN		111 414 11 4 14	
C/O DENNIS J. MCNANEY 4301 N.E. 11TH AVENUE POMPANO BEACH FL 33064		C/O DENNIS J. MCNANEY 4301 N.E. 11TH AVENUE POMPANO BEACH FL 33064			DO NOT WR	TE IN THIS	SPACE	
					 Date Incorporated or Qualified 03/22/1989 			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0111823			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.			5. Certificate of Status Desired			5-Additional
22		27			5. Certificate of Status Desired		Fee	Required
City & State	e	City & State			6. Election Campaign Financing			0 мау Ве
23		28			Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the curr	rent year Inta		
24	25		30		Personal Property Tax.	Maniatana 1	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	8	1 Nome	10. Name and Address of New	kegistered A	igent_	
MCN	MANEY DEMANG I		ļ°	1 Name				
MCNANEY, DENNIS J. 4301 N.E. 11TH AVENUE			8:	2 Street Add	dress (P.O. Box Number is Not Accept	able)		
	PANO BEACH FL 33064							
FOIV	FAITO DEACH FE 33004		8:	3				
			8	4 City		FL	85 Z	ip Code
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office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was at	ithorized b	y tne corporati	poration submits this statement for the ion's board of directors. I hereby acce	purpose of option	manging tment as	registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida. Such change was at pations of, Section 607.0505, Flor ent and vite if applicable. (NOTE:	ida Statute	y the corporati	red when reinstating)	DATE	unent as	
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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.

SIGNATURE: