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

PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K79031

(6)

GENE GARZZILLO PAINTING, INC.

FILED

May 01 1998 8:00am

Secretary of State

☐ Change

Addition

							DO NOT WRITE IN THIS SPACE				
							3.	Date Incorporated or Qualified 04/03/1989			
2.	Principal Place of Busin	ness	2a, Mailing A	2a. Mailing Address			4.	FEI Number		Applied For	
21			26	26			65-0123712			Not Applicable	
22	Sulte, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required				
23	City & State		City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
24	Zip	Country 25	Zip 29	30 Cou	ıntry			This corporation owes or has paid the curr Personal Property Tax due June 30.	rein year Yes	Intangible No	
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
GANZZILLO, EUGENE						81 Name					
6304 S.W. 22ND STREET Miramar Fl 33023					82	82 Street Address (P.O. Box Number is Not Acceptable)					
					В3						

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 em familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 11 TITLE **GARZZILLO, EUGENE** NAME 1.2 NAME **63**04 S.W. 22ND STREET STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME

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 it 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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

17 11 Gene GALZZILO Ame U/22/08 / amy 0/2-5728