

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 30 AM 8:09

DOCUMENT # **P38037** (8)

1. Corporation Name  
**CERTA PROPAINTERS LTD. INC.**

Principal Place of Business Mailing Address  
**1220 VALLEY FORGE RD UNIT 5 VALLEY FORGE PA 19482 US** **P.O. BOX 718 VALLEY FORGE PA 19482**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/25/1992** 3a. Date of Last Report **07/07/1994**  
4. FEI Number **04-3140719** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 ZIP Country 28 ZIP Country  
24 ZIP Country 25 ZIP Country 29 ZIP Country 30 ZIP Country

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>CHASE, CHARLES E.</b>
STREET ADDRESS	<b>1252 THOMAS RD</b>
CITY - ST - ZIP	<b>WAYNE PA</b>
TITLE	<b>D</b>
NAME	<b>BLACK, WILLIAM</b>
STREET ADDRESS	<b>17 WADSWORTH CIR</b>
CITY - ST - ZIP	<b>BRAMPTON, ONT, CANADA</b>
TITLE	<b>STD</b>
NAME	<b>CLEMENTS, PAUL W.</b>
STREET ADDRESS	<b>R.R. #3</b>
CITY - ST - ZIP	<b>STOUFFEVILLE, ONT, CAN</b>
TITLE	<b>D</b>
NAME	<b>ROGERS, STEVEN S.</b>
STREET ADDRESS	<b>793 WHITNEY DR</b>
CITY - ST - ZIP	<b>MISSISSAUGA, ONT, CANADA</b>
TITLE	<b>D</b>
NAME	<b>FISHER, ROBERT</b>
STREET ADDRESS	<b>45 MASON BLVD.</b>
CITY - ST - ZIP	<b>TORONTO, ONT., CANADA</b>
TITLE	<b>D</b>
NAME	<b>PAINE, NICHOLAS</b>
STREET ADDRESS	<b>508A ONTARIO ST</b>
CITY - ST - ZIP	<b>TORONTO, ONT., CANADA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or in an attachment with an address.

SIGNATURE:  **Charles E. Chase** 4-13-95 (610) 983-9411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #