

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

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

95 MAY - 1 11:10:15

DOCUMENT # **P93000086047 (6)**

1. Corporation Name  
**M.A. PAINTING & RESTORATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**4206 ENTERPRISE AVE.  
UNIT A-7  
NAPLES FL 33942**

**4206 ENTERPRISE AVE.  
UNIT A-7  
NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/10/1993</b>		3a. Date of Last Report <b>05/01/1994</b>	
2. Principal Place of Business 21 <i>Same</i>		2a. Mailing Address 26 <i>Same</i>	
4. FEI Number <b>65-0452351</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	24 Zip	29 Country
23 City & State	28 City & State	25 Zip	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>ALICE, MEIR 4206 ENTERPRISE AVE. UNIT A-7 NAPLES FL 33942</b>		B1 Name	<i>Same</i>		
		B2 Street Address (P.O. Box Number is Not Acceptable)			
		B3			
		B4 City	<b>FL</b>	B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 *Murcia* DATE **5/1/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALICE, MEIR</b>	1.2 NAME	
STREET ADDRESS	<b>4206 ENTERPRISE AVE., UNIT A-7</b>	1.3 STREET ADDRESS	
CITY ST ZIP	<b>NAPLES FL 33942</b>	1.4 CITY ST ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERT, RANDOLPH</b>	2.2 NAME	<b>D Roberts, Chuck</b>
STREET ADDRESS	<b>4206 ENTERPRISE AVE., UNIT A-7</b>	2.3 STREET ADDRESS	<b>4206 Enterprise Ave., Unit A-7</b>
CITY ST ZIP	<b>NAPLES FL 33942</b>	2.4 CITY ST ZIP	<b>Naples, FL. 33942</b>
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>HERNANDEZ, SAMUEL</b></del>	3.2 NAME	
STREET ADDRESS	<del><b>4206 ENTERPRISE AVE. UNIT A-7</b></del>	3.3 STREET ADDRESS	
CITY ST ZIP	<del><b>NAPLES FL 33942</b></del>	3.4 CITY ST ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGOS, LUIS</b>	4.2 NAME	
STREET ADDRESS	<b>4206 ENTERPRISE AVE., UNIT A-7</b>	4.3 STREET ADDRESS	
CITY ST ZIP	<b>NAPLES FL</b>	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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)(a), 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: *Murcia* *President* DATE: **5/1/95**