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**May 08 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000086047 (6)

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



Principal Place of Business
4206 ENTERPRISE AVE.
UNIT A-7
NAPLES FL 33942

Mailing Address
4206 ENTERPRISE AVE.
UNIT A-7
NAPLES FL 34104-7006

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0452351

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
21 **2124 AIRPORT ROADS**
Suite, Apt. #, etc.
22 **SUITE A-201**
City & State
23 **NAPLES, FLORIDA**
Zip
24 **34112**

2a. Mailing Address
26 **2124 AIRPORT ROADS**
Suite, Apt. #, etc.
27 **SUITE A-201**
City & State
28 **NAPLES, FLORIDA**
Zip
29 **34112**

9. Name and Address of Current Registered Agent
ALICE, MEIR
4206 ENTERPRISE AVE.
UNIT A-7
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2124 AIRPORT ROAD SOUTH
83 SUITE A-201
84 City
NAPLES FL 85 Zip Code
34112

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 *Meir Alice*
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE, MEIR	1.2 NAME	
STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, CHUCK	2.2 NAME	ALDANA, ERNESTO
STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7	2.3 STREET ADDRESS	2124 AIRPORT ROAD SOUTH A-201
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FLORIDA 34112
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGOS, LUIS	3.2 NAME	
STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *Meir Alice* **4/28/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)