

AMENDED AR  
\$61.25

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 0970000 33601  
1. Corporation Name  
**First Quality Painting, Inc.**

Principal Place of Business: **4206 Enterprise Ave Unit A-7**  
Mailing Address: **Same**  
**Naples, Florida 34104**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/28/1994</b>	3a. Date of Last Report
21		26		4. FEI Number <b>65-0483451</b>	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt #, etc	27	Suite, Apt #, etc	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	30	Country
25	Country	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>Meir Alice</b> <b>4206 Enterprise Avenue Unit A-7</b> <b>Naples, Florida 34104</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and fee, if applicable) (Date Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Alice, Meir</b>	12 NAME	
STREET ADDRESS	<b>4206 Enterprise Ave Unit A-7</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>Naples, Florida 34104</b> <input type="checkbox"/> DELETE	14 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Solis, Miguel</b>	22 NAME	<b>Burgos, Israel</b>
STREET ADDRESS	<b>4206 Enterprise Ave Unit A-7</b>	23 STREET ADDRESS	<b>4206 Enterprise Ave Unit A-7</b>
CITY - ST - ZIP	<b>Naples, Florida 34104</b> <input type="checkbox"/> DELETE	24 CITY - ST - ZIP	<b>Naples, Florida 34104</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lizias, Aceus</b>	32 NAME	<b>Ledezma, Adonay</b>
STREET ADDRESS	<b>4206 Enterprise Ave Unit A-7</b>	33 STREET ADDRESS	<b>4206 Enterprise Ave Unit A-7</b>
CITY - ST - ZIP	<b>Naples, Florida 34104</b> <input type="checkbox"/> DELETE	34 CITY - ST - ZIP	<b>Naples, Florida 34104</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	<b>600001900716</b>
STREET ADDRESS		53 STREET ADDRESS	<b>-07/22/96--01063--016</b>
CITY - ST - ZIP		54 CITY - ST - ZIP	<b>***61.25</b>
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 119.07(3)(k) 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 617 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* **7/12/96** (941) 679-1840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed