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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000017329 1. Corporation Name

## Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90031 037 \*\*\*150.00

7.02 1 119	J-PAINTENS, INC.										
Principal Place	of Business	Mailing Address					1 18811881 110 10111 1001	I BEALL BENEF		# <b>#</b> 11 1 <b>9800</b> 1#14 <b>0</b>	HOLD LAND THE
3700 NW 107TH		3700 NW 107TH TERR									
SUNRISE FL 33351 SUNRISE FL 33351										05105	
						L_			IN THIS	SPACE	
						3.	Date Incorporated or C	lualited			
		A 44-22- A 14				<del> </del>	<b>02/28/1997</b> FEI Number		·		plied For
	lace of Business	2a. Mailing Address				4.	65-0735805	•		_ <del>                                    </del>	ot Applicable
21 Cuita Amt		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			<del> </del>	00-07-00000		<del></del>		Additional
Suite, Apt. :	#, etc.	27	•			5.	Certifcate of Status De	sired			equired
City & State	•	City & State		_		6	Election Campaign Fin	ancing		\$5.00	May Be
23		28				".	Trust Fund Contributio				to Fees
Zip	Country	2ip - = =	Count	try		8.	This corporation owes	the curren	t year Inta	angiblé	* -
24	25	29	30				Personal Property Tax		• •	Yes	□No
	9. Name and Address of Curren	t Registered Agent				10.	Name and Address o	f New Re	gistered A	Agent	
			8	31   1	Name						
	NTES, CARLOS		8	32 5	Street Addres	ss (P	O. Box Number is Not	Acceptabl	le)		
3700 NW 107TH TERR							7 (1.0. DOX (Author) to (100 / 100 plants)				
SUN	RISE FL 33351		8	33							,
	••			34 (	City					85 Zip	Code
	•				Ť				FL		
office or re	to the provisions of Sections 607.050 egistered agent, or both; in the State m familiar with, and accept the obliga	of Florida. Such change was au- tions of, Section 607.0505, Flori	ithorized t ida Statuti	es.	e corporation		pard of directors, i nevel	by accept	ин арроп	ntment as re	gistered
	Signature, typed or printed name of registered ager		_	gent sig	gnature required v		einstating) ADDITIONS/CHANGES	TO OFFI	OEDS AN	D DIRECTO	DS IN 12
12.	OFFICERS AN	ID DIRECTORS					ADDITIONS/CHANGES	10 OFFI	CENS AN		
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CITY-ST-ZIP 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS