

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000089306			
Corporation Name CMS Painting & Home Improvement Inc.			
Principal Place of Business 1301 Piper Blvd Naples FL 34110		Mailing Address 1301 Piper Blvd Naples FL 34110	
Principal Place of Business same		2a. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES FL		City & State	
Zip 34110		Zip 30	
Country USA		Country	
9. Name and Address of Current Registered Agent MILAN BONCO 1301 PIPER BLVD. NAPLES, FL. 34110		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 607.0506, Florida Statutes.			
SIGNATURE _____ DATE _____			
(NOTE: Registered Agent signature required when reinstating)			
OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE GABRIEL SUGAR vicepresident			
1.2 NAME			
1.3 STREET ADDRESS 1301 Piper Blvd.			
1.4 CITY-ST-ZIP Naples FL 34110			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
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.			
SIGNATURE: MILAN BONCO 8-16-99			
SIGNATURE AND TYPED OR PRINTED NAME OF BOOKING OFFICER OR DIRECTOR			

FILED

99 SEP 2 AM 9:53

SECRETARY OF STATE
FALL 1999

DO NOT WRITE IN THIS SPACE

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CMS PAINTING and HOME IMROVEMENT Inc. , NAPLES, FL.

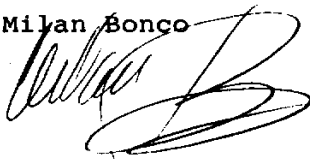
September 21, 1999

FLORIDA DEPARTMENT of STATE
DIVISION of CORPORATION

SUBJECT: ANNUAL REPORT

Because we had never received notice about payment for the above corporation - \$ 150.00 , (probably because of new addres) and we paid it as soon as we found out, we didn't pay the late fee.

Milan Bonco

A handwritten signature in black ink, appearing to read 'Milan Bonco', written over the printed name.