


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

FILED
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 # P94000033702 (9) 1. Corporation Name SUN COAST PAINTING OF NAPLES, 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 | | |
| 2. Principal Place of Business 21 9650 Victoria Lane Suite, Apt. #, etc. 22 Unit B-305 City & State 23 Naples, Florida Zip 24 34109 | | 2a. Mailing Address 26 9650 Victoria Lane Suite, Apt. #, etc. 27 Unit B-305 City & State 28 Naples, Florida Zip 29 34109 | | 3. Date Incorporated or Qualified 04/28/1994 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0483460 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent ALIAS, AM 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) 9650 Victoria Lane 83 Unit B-305 84 City Naples FL 85 Zip Code 34109 | | |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | P | <input type="checkbox"/> DELETE | | | |
| NAME | ALIAS, AM | | | | |
| STREET ADDRESS | 4206 ENTERPRISE AVE UNIT A-7 | | | | |
| CITY - ST - ZIP | NAPLES FL | | | | |
| TITLE | VP | <input type="checkbox"/> DELETE | | | |
| NAME | LEWIS, ROBERT G | | | | |
| STREET ADDRESS | 4206 ENTERPRISE AVE UNIT A-7 | | | | |
| CITY - ST - ZIP | NAPLES FL | | | | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE | | | |
| NAME | LOPEZ, RUDY | | | | |
| STREET ADDRESS | 4206 ENTERPRISE AVE, UNIT A-7 | | | | |
| CITY - ST - ZIP | NAPLES FL | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY - ST - ZIP | | | | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY - ST - ZIP | | | | | |
| 3.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3.2 NAME | | PAGAN, ELVIN | | | |
| 3.3 STREET ADDRESS | | 9650 VICTORIA LANE UNIT B-305 | | | |
| 3.4 CITY - ST - ZIP | | NAPLES, FLORIDA 34109 | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY - ST - ZIP | | | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY - ST - ZIP | | | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 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: _____ | | | | | |



CR2E034 (9/96)

4/27/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #