

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

FILED

Sep 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000033702 (9)

1. Corporation Name
Sun Coast Painting of Naples, Inc.

Principal Place of Business 9650 Victoria Lane Unit B-305 Naples, Florida 34109	Mailing Address
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/28/1994	3a. Date of Last Report 5/1/97
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4. FEI Number 65-0483460	Applied Not App
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. ☐ This corporation has liability for intangible tax under s. 199 Florida Statutes ☐ Yes ☐ No	\$5.00 May Added to Fee

9. Name and Address of Current Registered Agent

Avi Alias
9630 Victoria Lane Unit #1
Naples, Florida 34109

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

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 _____ (Signature, typed or printed name of registered agent, and title, if applicable) (NOTE: Registered Agent signature required when changing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D VP	☒ DELETE
NAME Lewis, Robert G	
STREET ADDRESS 9650 Victoria Lane Unit B-305	
CITY-ST-ZIP Naples, Florida 34109	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS

11 TITLE VP	☒ Change ☐
12 NAME Marante, Omar	
13 STREET ADDRESS 9650 Victoria Lane Unit B-305	
14 CITY-ST-ZIP Naples, Florida 34109	
21 TITLE	☐ Change ☐
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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. 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: *[Signature]* **9/17/97** **(941) 643-1135**