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

PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS			Secretary of State		
	MENT # P940 0 PAINTING, INC.	00069833 (9)			
Principal Place of Business 510 GRANADA WAY LONGWOOD FL 32750		Mailing Address 510 GRANADA WAY LONGWOOD FL 32750		DO NOT WRITE IN THIS SPACE	
2 Principal P	face of Business	2e. Mailing Address		Date Incorporated or Qualified 09/20/1994 FEI Number	Applied For
21	add of blackboo	26		59-3275562	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ө	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Z _I p 29	Country 30	This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.	
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registered	Agent
JARZABEK, DANUTA A 810 GRANADA WAY LONGWOOD FL 32750			82 Street Address (P.O. Box Number is Not Acceptable) 83		
			84 City		85 Zip Code
SIGNATURE	Signature, typed or printed name of registirod		rida Statutes. Registered Agent signatura requirements.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the apured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	JARZABEK, DANUA 510 GRANANDA WAY		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LONGWOOD FL VP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	JARZABEK, BRONISŁAW	Ditte	2.2 NAME		C creatile C vanction
STREET ADDRESS	510 GRANADA WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME ATOSES ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		- —
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		I APOPTE	4.4 CITY - ST - ZIP		T 04
TIFLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 City-St-Zip		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		

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 supplienental 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

6.4 CITY - ST - ZIP

CITY-ST-ZIP

FILED

May 06 1998 8:00am