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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 5/250/

PAINT V	NORLO DISTRIBUTORS, INC.						
Principal Plac	ce of Business	Mailing Address	-			DE: 010 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1961 I SS I
5020 SOUTH S FT. LAUDERDA	STATE ROAD 7 ALE FL 33314	5020 SOUTH STATE FT. LAUDERDALE FL			DO NOT WRITE IN THIS S 3. Date incorporated or Qualifed	SPACE	·
2 Principal F	Place of Business	2a. Mailing Address			08/22/1977 4. FEI Number	Applied	Ent
21	lace of positiose	26			59-1769869	Not Apr	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc	.			\$8.75 Addit	
22		27	···		- 5Certificate of Status Desired	Fee Require	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00 May	Be
23		28		_ -	Trust Fund Contribution	Added to Fe	es
Zip	Country	Zip		ıntry	8. This corporation owes the current year Intal	ingible ØYes □N	
24	9. Name and Address of Current	Registered Agent	30	<u> </u>	Personal Property Tax. 10. Name and Address of New Registered A		10
	S. Hallie did Addid S. Gredinelle	registered Agent		81 Name	IV. Name and Address of New Hogisteles A	· ·	
GOI	RDON, MICHAEL			00 00 00			
	O SOUTH STATE ROAD 7			82 Street Add	ress (P.O. Box Number is Not Acceptable)	and Mindred and the Company of the C	
· FT.	LAUDERDALE FL 33314			83			\$ 28
		1		84 City	<u> </u>	85 Zip Code	
ENIA CONTEN	A THE STATE OF THE	e desarra		,	, FL		
11. Pursuant office or i agent. I a	am familiar with, and accept the obligation	and 607.1508, Florida S f Florida. Such change wo ons of, Section 607.0505	Statutes, the a vas authorized 5, Florida Stat	bove-named corp d by the corporation utes.	poration submits this statement for the purpose of clon's board of directors. I hereby accept the appoint	hanging its register	stered red
SIGNATURE						-	
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	1 Agent signature require	ad when reinstating)		_
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	OFFICERS AND		13. E 1.1 T	TLE .	ADDITIONS/CHANGES TO OFFICERS AND		N 12
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14. I hereby certify that the information supplied with this thing 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.

6.2 NAME

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-SY-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90035 031 ***150.00