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**Apr 21 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 # 564848 (0)

1. Corporation Name
PLAZA PAINT & DECORATING CENTERS, INC.



Principal Place of Business
**9250-E ALTERNATE A1A (SR 811)
LAKE PARK FL 33403**

Mailing Address
**9250-E ALTERNATE A1A (SR 811)
LAKE PARK FL 33403-1443**

3. Date Incorporated or Qualified **12/27/1977** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 **1330 SW 34th Street**

2a. Mailing Address
26 **1330 SW 34th Street**

4. FEI Number **59-1794311** Applied For
Not Applicable

22 Suite, Apt. #, etc.
23 **Palm City, FL**

27 Suite, Apt. #, etc.
28 **Palm City, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip **34990** 25 Country **USA**

29 Zip **34990** 30 Country **USA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLS, ERIC
9250-E ALTERNATE A1A (SR 811)
LAKE PARK FL 33403**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **1330 SW 34th Street**
83
84 City **Palm City** FL 85 Zip Code **34990**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WELLS, ERIC	
STREET ADDRESS	220 CELESTIAL WAY #6	
CITY - ST - ZIP	JUN BCH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BOWERS, LISA W.	
STREET ADDRESS	728 MICHAELS COURT	
CITY - ST - ZIP	STUART 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		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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: *Lisa Bowers* **LISA BOWERS** 4-10-97 561 288-2849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)