COF	E NOW: FILING FEI		FLORIDA DEP		OF STATE	FI Feb 03 19	LED 998 8:(	00am
ANNUAL REPORT		NNSHIT I I I		retary of State DF CORPORATIONS		Secretary of State		
DOCU 1. Corporatio	MENT # 5838	75	(0)					
HOLDI	NG & MANAGEMENT, IN	С.				I ROMANI MIJORA ZOVUM STRAK INIJA IMOMKA	WITT WINDI NINTI NINTI NUMI	MEMER MEMER PAINT
Dula charat Dia			···					
Principal Place of Business     Mailing Address       551 S.E. 8TH ST.     P.O. BOX 790       SUITE 503     DELRAY BCH. FL 33483			-0790		DO NOT WRI	TE IN THIS SPACE		
บร						3. Date Incorporated or Qualified 08/31/1978	1	
2. Principal P	Place of Business	2a. 26	Mailing Address			4. FEI Number		Applied For
Suite, Apt.	Suite, Apt. #, etc		Suite, Apt. #, etc.			59-1857357 5. Certificate of Status Desired		Not Applicable 5 Additional
2 City & Stat	e		City & State			6. Election Campaign Financing	\$5.0	Required O May Be
3 Zip	Country		Zip	Cour	ntry	Trust Fund Contribution 8. This corporation owes or has p	baid the current year	
4	25 9. Name and Address of Cu	29 rrent Registe	ered Agent	30		Personal Property Tax due Jur 10. Name and Address of New F		L No
	rry, mark a esq. Se 4th avenue			Ĺ	81 Name			
	LRAY BEACH FL 33483					dress (P.O. Box Number is Not Accept	able)	
				1	83			
					84 City			ip Code
	to the provisions of Sections 607. registered agent, or both, in the S im familiar with, and accept the o	0502 and 60 tate of Florida bligations of,	7.1508, Florida Stat a. Such change was Section 607.0505, I		,	poration submits this statement for the ation's board of directors. I hereby acc		
SIGNATURE	Signature, typed or printed name of registered	d agent and title if	applicable. (N	utes, the abo authorized forida Statu	by the corporates.	ired when reinstating)	PL       purpose of changin ept the appointment	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered		applicable. (N	utes, the abo authorized florida Statu	Dve-named corporates.		PL       purpose of changin ept the appointment	g its registered as registered ORS IN 12
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SIGNATURE 12. IITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PTD THERIEN, JOHN 551 S.E. 8TH ST., STE. 50 DELRAY BEACH FL 33483	d agent and title if AND DIRECT	applicable. (NO	utes, the abo s authorized florida Statu TE: Registered , 13. 1.1 TITL 1.2 NAM 1.3 STRI	Agont signature require	ired when reinstating)	DATE	g its registered as registered ORS IN 12
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