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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 655604

(7)

ROHWEDDER PAINTING, INC.

Mailing Address Principal Place of Business 2411 N.W. 16TH LANE 2411 N.W. 16TH LANE POMPANO BEACH FL 33064-1530 POMPANO BEACH FL 33064 3a. Date of Last Report 3. Date Incorporated or Qualified 02/12/1980 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1958191 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has tiability for intangible tax under s. 199.032, Florida Statutes Yes No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROHWEDDER, STEPHEN A 8530 NW 21 MANOR **B2** Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 84 Zip Code 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 fam har with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tric if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition Change PD DELETE 1.1 TITLE TITLE ROHWEDDER, STEPHEN A 1.2 NAME NAM: 8530 NW 21 MANOR 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** 1.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition THE 21 TITLE TERESA L ROHWEDDER 2.2 NAME NAME 612 NE 20TH AVENUE, #7 2.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 2. 4 CHY-ST-ZIP CHTY - \$1 - 20F DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADORESS STHEET ACORESS 3.4. CITY - ST - ZiP OTY-\$1-7-5 DELETE Change Addition THEF 4.1 TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP OITY \$1-20 DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CHTY - ST- ZIP DELETE Addition 6.1 TITLE Change THILE 6.2 NAME MAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP DITY - ST - ZIP

14. Lido 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 130f changed, or on an altachment with an address.

SIGNATURE:

Atout Carwedder 4-27/9
GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-91

454-972-8190

(96/6)

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FILED

Apr 29 1997 8:00am

Secretary of State