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Jan 14 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 # 674219 (1)

1. Corporation Name
EXPO, INC., A PAINTING CONTRACTOR

Principal Place of Business
6900 NW 77TH TERRACE
MEDLEY FL 33166

Mailing Address
6900 NW 77TH TERRACE
MEDLEY FL 33166-2540



3. Date Incorporated or Qualified 06/20/1980
3a. Date of Last Report 03/14/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2019444		Applied For ☐ Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23. Zip Country		28. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24. Zip		25. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent

KRAFF, JAMES K
8900 SW 120TH STREET
MIAMI FL 33176

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SAUER, BERTHOLD	1.2 NAME	
STREET ADDRESS	300 PAYNE DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI SPRINGS FL	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SAUER, GERHARD L	2.2 NAME	
STREET ADDRESS	720 WREN AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI SPGS FL	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	SAUER, HERBERT M	3.2 NAME	
STREET ADDRESS	1251 QUAIL AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI SPGS FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 included 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: _____ 01-06-97 305-884-1394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)