

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 841199 (3)

1. Corporation Name

GEORGE CAMPBELL PAINTING CORP.



Principal Place of Business

31-40 COLLEGE POINT BLVD.
FLUSHING NY 11354

Mailing Address

31-40 COLLEGE POINT BLVD.
FLUSHING NY 11354

3. Date Incorporated or Qualified
08/04/1978

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and filer of application

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, GEORGE	
STREET ADDRESS	FT HILL HOUSE, FT HILL DRIVE	
CITY-STATE-ZIP	LLOYD NECK NY 11743	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIZZI, MARIAN	
STREET ADDRESS	55 ROSE AVE.	
CITY-STATE-ZIP	GREAT NECK NY 11021	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ERIC	
STREET ADDRESS	28 CRESCENT BEACH RD	
CITY-STATE-ZIP	GLEN COVE NY 11542	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WURTZ, ROBERT A.	
STREET ADDRESS	27 DENNIS LANE	
CITY-STATE-ZIP	BETHPAGE NY 11714	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, VALERIE	
STREET ADDRESS	FT HILL HOUSE, FT HILL DR	
CITY-STATE-ZIP	LLOYD NECK NY 11743	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAMPBELL, GREGORY	
STREET ADDRESS	FT HILL HOUSE, FT HILL DRIVE	
CITY-STATE-ZIP	LLOYD NECK FL 11743	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

718 353 8330

Date

Daytime Phone #

CR2E034 (12/95)