

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H51775 (5)
1. Corporation Name
IMPERIAL PAINTING, INC.

Principal Place of Business 240 HEDGEWOOD AVE. P O BOX 427 OSTEEN FL 32764	Mailing Address 240 HEDGEWOOD AVE. P O BOX 427 OSTEEN FL 32764
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/09/1985	
				4. FEI Number 59-2522940	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PIZZA, FRANK A., JR. 240 HEDGEWOOD AVE. P O BOX 427 OSTEEN FL 32764		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZA, FRANK A., JR.	1.2 NAME	
STREET ADDRESS	240 HEDGEWOOD AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32738	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLINGS, GERRY	2.2 NAME	
STREET ADDRESS	1122 E. HANCOCK DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZA, BONNIE	3.2 NAME	
STREET ADDRESS	240 HEDGEWOOD AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32738	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KETTLEHUT, BRIAN	4.2 NAME	WOODS JAMESON
STREET ADDRESS	925 HALSTEAD ST.	4.3 STREET ADDRESS	1819 TRUMBLE AVE
CITY - ST - ZIP	DELTONA FL	4.4 CITY - ST - ZIP	DELTONA, FL 32725
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600002491830
STREET ADDRESS		6.3 STREET ADDRESS	-04/17/98--01024--025
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***150.00

14. I 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bonnie PIZZA Bonnie PIZZA ST 4/10/98 4073224334

CR2E034 (10/97)