

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J05805 (3)

1. Corporation Name

ARTISTIC PAINTING CONTRACTORS, INC.



Principal Place of Business

Mailing Address

C/O ALFREDO DELLA ROSSA  
5601 SW 1ST ST.  
PLANTATION FL 33317

C/O ALFREDO DELLA ROSSA  
5601 SW 1ST ST. 5140 S.W. 20th  
PLANTATION FL 33317

3. Date Incorporated or Qualified 03/25/1986	3a. Date of Last Report 04/28/1995
4. FEI Number 59-2653253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5140 SW 20th ST. Suite, Apt. #, etc.	2a. Mailing Address 26 5140 SW 20th ST. Suite, Apt. #, etc.
22 City, State 23 PLANTATION, FL	27 City, State 28 PLANTATION, FL
24 Zip 25 33317 Country	29 Zip 30 33317 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSTRAU, RIFKIN & MARCUS  
8751 WEST BROWARD BOULEVARD  
SUITE 302  
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 (if not, state name and address)

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D ROSSA, ALFREDO DELLA
STREET ADDRESS	5140 SW 20th ST
CITY - ST - ZIP	PLANTATION FL
TITLE	<input type="checkbox"/> DELETE
NAME	D ROSSA, CARMEN DELLA
STREET ADDRESS	5140 SW 20th ST
CITY - ST - ZIP	PLANTATION, FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - 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)(k), 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: Carmen Della Rossa  
CARMEN DELLA ROSSA W.D.

3-25-96 (954) 792-1541  
Daytime Phone

CR2E034 (12/95)