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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90058 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT



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

1999

DOCUMENT # J32208

(7)

1. Corporation Name

KOCHY PAINTING CO., INC.

Principal Place of Business

Mailing Address

7406 PIONEER RD
W. PALM BCH. FL 33413-2219

7406 PIONEER RD
W. PALM BCH. FL 33413-2219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1986

4. FEI Number

59-2740092

Applied For

No Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEMP, HARRY M A
7406 PIONEER ROAD
WEST PALM BEACH FL 33413

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME DJELOSEVIC, DEBRA I
STREET ADDRESS 7406 PIONEER RD.
CITY-STATE-ZIP W. PALM BCH. FL 33413-2219

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

VST
DJELOSEVIC, DEBRA I.
7406 PIONEER Rd.
W. PALM BCH., FL 33413-2219

Change Addition

TITLE VPT
NAME DJELOSEVIC, LUCA
STREET ADDRESS 7406 PIONEER RD.
CITY-STATE-ZIP W. PALM BCH. FL 33413-2219

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

PT
DJELOSEVIC LUCA
7406 PIONEER Rd.
W. PALM BCH., FL 33413-2219

Change Addition

TITLE VPT
NAME DJELOSEVIC, LUCA
STREET ADDRESS 7406 PIONEER RD.
CITY-STATE-ZIP W. PALM BCH. FL 33413-2219

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment with an address.

SIGNATURE:

Debra I. Djelosevic 4-23-99 561-688-0105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0319292

CR2E034 (10/97)