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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

J55899

(5)

FILED Apr 24 1998 8:00am Secretary of State

DICRIS	CI PAINTING, INC.						
Principal Plac	e of Business	Mailing Address) BIBII DIBII DIBII BIBII DIB	H OIDH H
100 RUBBERT	FRFE-DR	110 RUBBERTREE DRIV	√F	1			
LAKE-WORHT-FL-93467-4843 LAKE-WORTH-FL-93467-484					DO ALOT MIDITE IN THIS SPACE		
W -					DO NOT WRITE IN THIS SPACE		
102 34	DOLE TRAIL				3. Date Incorporated or Qualified		
2 Principal P	ADLIN BEACH, FC	334 //- 8287			02/04/1987 4. FEI Number	1 14	antiad Eas
21	Jaco or Educations	26			••		pplied For ot Applicable
Sulte, Apt. #, etc. Suite, Apt. #, e					59-2758553	\$9.75	Additional
27					5. Certificate of Status Desired		equired
City & Stat	6	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid	d the current year in	tangible
24	25	29	30		Personal Property Tax due June] No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	Istered Agent	
DIC	CRIŞCI, ROBERT		. 1 1	ame	Same.		
110	RUBBERTREE DRIVE / 0	2 5ADDLE7	RAIL 82 St	reet Address	s (P.O. Box Number is Not Acceptabl	e)	
₩	KEWORTH FL 39467 Roya	LL PACIN RISA	6				
		2 3400KE / LL PACM BEAM Pl. 33411.	(2 (183				
		rc. 23411.	-8 7-8 84 Cii	ty		85 Zip	Code
			1 1	<u> </u>		FL °	
11. Pursuant office or r	to the provisions of Sections 607.056 egistered agent, or both, in the State	ວ2 and 607.1508, Florida State ຍ of Horida. Such change war	utes, the above-nar s authorized by the	med corpora corporation	ation submits this statement for the purished of directors. I hereby accept	urpose of changing it the appointment as	is registered registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	Florida Statutes.	,	,	,.,	
SIGNATURE							
12.	Signature, typed or printed name of ingistreed ag	ND DIRECTORS	OTE: Registered Agent sign	nature required v	ADDITIONS/CHANGES TO OFFICE	DATE	00 INI 10
TITLE	PTD	DELETE	1.1 TITLE	PT		Change	Addition
NAME	DICRISCI, ROBERT		1.2 NAME	Die	risci Robert		
STREET ADDRESS	110 RUBBERTREE DRIVE		1.3 STREET ADDR		- SADDLE TRAIL		
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	1		CC 33411	-8287
TITLE	PTSD	DELETE	2.1 TITLE	PT	s D	Change 2 Change	Addition
NAME	DICRISCI, ROBERT	_	2.2 NAME		risci ROBERT:	_ ,	
STREET ADDRESS	140 RUBBERTREE DR		2.3 STREET ADDR				
CITY-ST-ZIP	LAKE WORTH PL		2. 4 CITY - ST - ZIF	Par	IN DALM BUL GL.	33411-81	87
TITLE	<u></u>	☐ DELETE	3.1 TITLE	700	12 SASSIE TRAIL 19L PSLMBCB, FC.	Change	Addition
NAME			3.2 NAME	- 1			
STREET ADDRESS			3.3 STREET ADDR	ESS			
CITY-ST-ZIP			3 4. CITY - ST- ZIP	,			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDR	ESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDR	ESS	1		
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	17.7		Change	Addition
NAME			6.2 NAME	ĺ		•	
STREET ADDRESS			63 STREET ADDR	ESS			
CITY-ST-ZIP			64 CITY-ST-ZIP				
	notify that the information sympled y	with this filips does not auglifu			ction 119 07/3Vi) Florida Statutes I f	urthor portify that the	information

Indicated on this annual recommunity supplies with this timing coes not quality for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 eath; 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 allochment with an address.