## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (8) MORNING STAR PAINTING, INC. Principal Place of Business Mailino Address % RALPH VENTURA % RALPH VENTURA 2440 SWEET AIRE COURT APOPKA FL 32712 2440 SWEET AIRE COURT APOPKA FL 32712 3. Date Incorporated or Qualified 3a. Date of Last Report 04/16/1987 04/07/1995 2. Principal Place of Business 2a. Maling Address 4. FEI Number Applied For 21 26 59-2802083 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Flection Campaign Financing \$5.00 May Be 23 28 $\Box$ Trust Fund Contribution Added to Fees Ζφ Country Country B. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VENTURA, RALPH 82 Street Address (P.O. Box Number is Not Acceptable) 2440 SWEETAIRE COURT APOPKA FL 32712 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 familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or profed han electropational agent and the diappleters Audit. Begi total Apolit signafara ramakin what remaining 12. CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TT DELETE 1 1 TITLE Change Addition NAME VENTURA, RALPH 1.2 NAME STREET ADDRESS 2440 SWEETAIRE COURT 1.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 14 CiTY-ST ZiE TITLE DELFTE 2.17.716 Change ■ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-SI-ZIF 2.4 CITY - ST- Z.P TITLE DELFTE 3 1 PITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3 4 CHY - ST- ZIP TITLE DELETE 4 1 DOLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4.0(Ty - St. 7)P TITLE DELETE 5 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELFIE 6 THILE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 8.4.0-TY - ST - ZiP 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not quality 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 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

RALPH VENTURA