
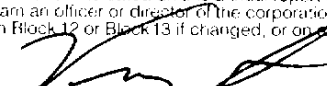


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K39126 (3)			
1. Corporation Name DEPINTO PLASTERING, INC.			
Principal Place of Business 1330 RAIL HEAD BLVD #3 NAPLES FL 33963 US		Mailing Address 1330 RAIL HEAD BLVD 33 NAPLES FL 33963 US	
2. Principal Place of Business 21 1821 TRADE CENTERWAY Suite, Apt. #, etc. 22 #1 City & State 23 Naples, FL Zip 24 34109		2a. Mailing Address 25 1821-TRADE CENTERWAY Suite, Apt. #, etc. 26 #1 City & State 27 NAPLES, FL Zip 28 34109 Country 29 USA	
3. Date Incorporated or Qualified 10/17/1988		3a. Date of Last Report 08/08/1995	
4. FEI Number 65-0080097		Applied For <input type="checkbox"/> Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent PAULICH, JOHN, III PAULICH, O'HARA & SLACK, P.A. 3401 TAMiami TRAIL NO., STE. 207 NAPLES FL 33940		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	
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			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	DEPINTO, VITO	515 99TH AVENUE NORTH NAPLES FL
	<input type="checkbox"/> DELETE		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	V	DEPINTO, SAVERIO	515 99TH AVENUE NORTH NAPLES FL
	<input type="checkbox"/> DELETE		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> DELETE		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> DELETE		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> DELETE		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
61 TITLE	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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  7/19/96 941-566-2505			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (3/96)