

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

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90007 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M34561

1. Corporation Name
NMB PAINT SALES, INC.

Principal Place of Business 15520 W. DIXIE N. MIAMI BEACH FL 33162	Mailing Address 15520 W. DIXIE N. MIAMI BEACH FL 33162
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/01/1986	
4. FEI Number 59-2691114	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~CURRY, J. DAVID, SR.
 C/O 15520 W DIXIE HWY
 N MIAMI BCH FL 33162~~

ADDRESS CHANGE

10. Name and Address of New Registered Agent

81 Name J. DAVID CURRY, SR.
82 Street Address (P.O. Box Number is Not Acceptable) 1161 CHOKOLOSKEE DR
83
84 City CHOKOLOSKEE FL
85 Zip Code 34138

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: *J. David Curry, Sr.* **J. DAVID CURRY, SR. CHRMN. 1-5-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE.

12. OFFICERS AND DIRECTORS

TITLE DR CHRMN.	<input type="checkbox"/> DELETE
NAME CURRY, J. DAVID SR.	
STREET ADDRESS 867 S.W. 12TH ST. 1161 CHOKOLOSKEE DR	
CITY-ST-ZIP FT. LAUDERDALE FL CHOKOLOSKEE FL 34138	
TITLE D	<input type="checkbox"/> DELETE
NAME CURRY, DIANA L.	
STREET ADDRESS 867 S.W. 12TH ST. 1161 CHOKOLOSKEE DR	
CITY-ST-ZIP FT. LAUDERDALE FL CHOKOLOSKEE, FL 34138	
TITLE PA	<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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHRMN - DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME J. DAVID CURRY, SR	
1.3 STREET ADDRESS 1161 CHOKOLOSKEE DR	
1.4 CITY-ST-ZIP CHOKOLOSKEE FL 34138	
2.1 TITLE DIR - SEC/TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME DIANA L. CURRY	
2.3 STREET ADDRESS 1161 CHOKOLOSKEE DR	
2.4 CITY-ST-ZIP CHOKOLOSKEE, FL 34138	
3.1 TITLE PRES - DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME MICHAEL R GRANT	
3.3 STREET ADDRESS 5011 N.E. 8 AV.	
3.4 CITY-ST-ZIP FT. LAUDERDALE FL 33334	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. David Curry, Sr.* **J. DAVID CURRY, SR. CHRMN. 1-5-99 305/44-2833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)