

**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.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # M77195 (9)**

1. Corporation Name  
**NEW AGE PAINTING, INC.**



Principal Place of Business <b>% DAVID COVIELLO, SR. 11523 CLEAR CREEK PLACE BOCA RATON FL 33428</b>	Mailing Address <b>% DAVID COVIELLO, SR. 11523 CLEAR CREEK PLACE BOCA RATON FL 33428</b>
---	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/20/1988</b>	3a. Date of Last Report <b>05/01/1995</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0042978</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent  <b>COVIELLO, DAVID, SR. 11523 CLEAR CREEK PL. BOCA RATON FL 33428</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <div style="text-align: right;"> <b>FL</b> 85 Zip Code       </div>
--	--

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 type for principal officer or director of registered agent and the corporation.

(If Officer or Registered Agent signature required when received through)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David D. Covello Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96 (407) 482-8040

CR2E034 (3/96)