

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M77195** (9)
1. Corporation Name
NEW AGE PAINTING, INC.



Principal Place of Business % DAVID COVIELLO, SR. 11523 CLEAR CREEK PLACE BOCA RATON FL 33428	Mailing Address % DAVID COVIELLO, SR. 11523 CLEAR CREEK PLACE BOCA RATON FL 33428
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1900 Corporate Blvd. Suite, Apt. #, etc. 22 Suite 305-W City & State 23 Boca Raton, FL Zip 24 33431 Country 25 US		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/20/1988	
		4. FEI Number 65-0042978		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**COVIELLO, DAVID, SR.
11523 CLEAR CREEK PL.
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name Linda Coviello
82 Street Address (P.O. Box Number is Not Acceptable) 1900 Corporate Blvd.
83 Suite 305-W
84 City Boca Raton
85 State FL
86 Zip Code 33431

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 **Linda Coviello** **Linda Coviello** **3/12/98**
Signature, printed or typed name of registered agent and fee, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President / Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COVIELLO, DAVID, SR.		1.2 NAME Milton H. Barbarosh	
STREET ADDRESS 11523 CLEAR CREEK PL.		1.3 STREET ADDRESS 1900 Corporate Blvd., Ste. 305-W	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP Boca Raton, FL 33431	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Linda Coviello	
STREET ADDRESS		2.3 STREET ADDRESS 1900 Corporate Blvd., Ste 305-W	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Boca Raton, FL 33431	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE **[Signature]** **3/16/98**

CR2E034 (10/97)