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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002626 (9)

GERRY CLARKE CUSTOM PAINTING, INC.

FILED
May 02 1997 8:00am
Secretary of State

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750 SW 29 ST		6750 SW 29 ST							
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iiami fl 33155 Is		US US			9 Data Is	econorated or Ouglified	Se Do	to of Last	Booort
3		00				3. Date Incorporated or Qualified 11/02/1992 3a. Date of Last Report 05/01/1996			
. Principa Pla	ice of Business	2a. Mailing Address		······	4. FEI Nu				applied For
·		26			65-0	367089			Not Applica
Suite, Apt. #,	, etc	Suite, Apt. #, etc.		·	t Contido	ate of Ctatus Desired		\$8.75	Additional
		27			5. Ceruno	ate of Status Desired	Li	Fee f	Required
City & State		City & State		***************************************	6. Election	Campaign Financing		\$5.0	May Be
		28			Trust F	und Contribution			to Fees
Ζφ	Country	Zip	Countr	ry	8. This co	rporation has liability to	r intangible	tax under	s. 199.032
	25	29	30			Statutes	Yes [No	
	9. Name and Address of Cur	rrent Registered Agent			10. Name	and Address of New R	legistered .	Agent	
CLAR	ike, gerry		8.	Name					
	SW 29 ST		<u></u>	Stroot	Address (P.O. Boy	Number is Not Accepta	able		
APT.			82 Street Ad		Address (F.O. Box	Trumber is Not Accepte	anie)		
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office or reg	o the provisions of Sections 607. gistered agent, or both, in the St i familiar with, and accept the ob	tate of Florida. Such change w	as authorized b	y the corp	poration's board of	directors. I hereby according	ept the app	ointment a	s register
office or reg	gistered agent, or both, in the St	tate of Florida. Such change w	as authorized b	by the corp	poration's board of	directors. Thereby acc	ept the app	ointment a	s registere
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Š.	agrius as syphonor printed name of registered	agent and title it applicable	(NOTE Flagistered A	gent signature	required when reinstating)	DATE	******	
	egral ele type o oc printed name of registrino OFFICERS	agert and title if applicable AND DIRECTORS	(NOTE Flagistered A	gent signature	required when reinstating	NS/CHANGES TO OFF	ICERS AND		
т	OFFICERS D	d agent and title if applicable AND DIRECTORS DELETE	13.		required when reinstating ADDITIO	NS/CHANGES TO OFF	ICERS AND	DIRECTO	
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14. Too hercey 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: LEGAL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A. CLARKE 4/23/97. 305 666 0406