

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000012682 (0)**

1. Corporation Name

MATTHEW WHITING PROFESSIONAL PAINTING, INC.

Principal Place of Business
**9750 CUTLER RIDGE DRIVE
MIAMI FL 33157**

Mailing Address
**9750 CUTLER RIDGE DRIVE
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/16/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0375365** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **9750 Cutler Ridge Dr**

2a. Mailing Address
26 **Same**

Suite, Apt. #, etc. 22

Suite, Apt. #, etc. 27

City & State
23 **Miami FL**

City & State 28

Zip 24 **33157** County 25 **DADE**

Zip 29 Country 30

9. Name and Address of Current Registered Agent

**SORONELLAS, MARIA A
9750 CUTLER RIDGE DRIVE
MIAMI FL 33157**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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

[Signature]

4-27-95

(Signature of current or former registered agent and the corporation)

(Name, Registered Agent signature required when registered)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	WHITING, MATTHEW
STREET ADDRESS	9750 CUTLER RIDGE DRIVE
CITY ST ZIP	MIAMI FL 33157
TITLE	ST ✓
NAME	SORONELLAS, MARIA A
STREET ADDRESS	9750 CUTLER RIDGE DRIVE
CITY ST ZIP	MIAMI FL 33157
TITLE	✓
NAME	TOUBET BERNARD
STREET ADDRESS	9750 CUTLER RIDGE DRIVE
CITY ST ZIP	MIAMI FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.01(3)(b), 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; next that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/27/95 105-255-7317

(Date)

(System Use Only)