FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000013696 (9)**

1. Corporation Name
BOWNE PAINTING, INC.

Principal Place of Business
1201 LEPRECHAUN DR
RIVERVIEW FL 33569

Mailing Address
1201 LEPRECHAUN DR
RIVERVIEW FL 33569

3. Date Incorporated or Qualified: **01/01/1993**
3a. Date of Last Report: **03/30/1995**

4. FEI Number: **59-3158617** — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

BOWNE, ROY T SR
11201 LEPRECHAUN DR
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	BOWNE, ROY T SR	11201 LEPRECHAUN DR	RIVERVIEW FL 33569	[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	[ ] Change [ ] Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	[ ] Change [ ] Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	[ ] Change [ ] Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	[ ] Change [ ] Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	[ ] Change [ ] Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	[ ] Change [ ] 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)(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: 3/27/96 BEEPER (813) 881-6343

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

CR2E034 (12/95)