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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P93000014972 (2)

BLANCO PAINTING, INC.

Mailing Address Principal Place of Business

**FILED** May 01 1996 8:00 am Secretary of State



5621 SW 3RD CT PLANTATION FL 33317		5621 SW 3RD CT PLANTATION FL 3331	17				
					3. Date Incorporated or Qualified 02/19/1993	3a. Date of Las 02/07/	
2. Principal Plac	pe of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	<del></del> -		110± 1551   1015   10		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be
<b>23</b> Zip	Country	Zip	Count	у	B. This corporation has liability for i		
24	25	29	30				
	g, Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Agent	
			8	1 Name			
BLANCO.	, Elpidio		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
5621 SW 3RD CT				Oll dot Act	dibbs ( i.e. Denistration )		
	TION FL 33317		8	3			
. –			i s	4 City		85	Zip Code
			-	1 7	oration submits this statement for the pur pard of directors. I hereby accept the appo	FL   "	
familiar with	n, and accept the obligations of, Se	ction 607,0505, Florida Statuti	es.		ited when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	Р	☐ DELETE	1, 1 111	E		☐ Cha	nge 🔲 Addition
NAME	BLANÇO, ELPIDIO		1.2 NAM	E			
STREET ADDRESS	5621 SW 3RD CT		1.3 \$TR	ET ADDRESS			
CITY - ST-ZIP	PLANTATION FL 33317		1.4 CITY	-ST-ZIP			
TITLE	S	☐ DELFTE	2 1 TiTU	E		Cha	nge 🔲 Addition
NAME	BLANCO, GLADYS		22 NAM	E			
STREET ADDRESS	5621 SW 3RD CT			ET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317			-ST-ZIP		☐ Cha	nge
TITLE	T	☐ DELETE	3. 1 TIT	1			ange [_] Addition
NAME	BLANCO, ALICIA		3.2 NAN				
STREET ADDRESS	5621 SW 3RD CT PLANTATION FL 33317			EET ADDRESS			
CITY-S1-ZIP	PLANIATION FL 33317	☐ DELETE	4. 1 TiTi	- S1 - 7IP		☐ Cha	inge Addition
TITLE		[] precie	4.2 NAM			_	_
NAME				EET ADDRESS			
STREET ADDRESS				r-ST-ZIP	1		
CITY-ST-ZIP		DELETE	5. 1 7(7			☐ Cha	ange 🔲 Addition
NAME			5.2 NAN	IE .			
STREET ADDRESS			5 3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CIT	(-ST-ZIP			
TITLE		☐ DELETE	6 1 TIT			☐ Cha	ange Addition
NAME			62 NAI	AE			
STREET ADDRESS			6.3 STF	EET ADDRESS			
0.71/ 07 7:0			6.4 CIT	r-ST-ZIP			
14 Lon heren	v certify that the information supplie	ed with this filing is voluntarily for	urnished and o	oes not qualif	fy for the exemption stated in Section 119	1.07(3)(k), Florida S	Statutes. I further

Too hereby certify mat 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 only it is a made to the same legal effect as if made under the same legal effect as if made unde