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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

P93000017387 (0)

MINDY A. SHERMAN DECORATIVE PAINTING, INC. Principal Place of Business Mulling Address 305 SABAL PARK PL #201					
LONGWOOD	FL 32779	#201 LONGWOOD FL 3277	9		
				3. Date Incorporated or Qualified 02/25/1993	3a. Date of Last Report 04/26/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FE) Number	Applied For
21 Cuite Ant 4	1-	26		59-3167069	Not Applicable
Suite, Apt #	, etc.	Suite. Apit #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ 24	Country 25	Zip 29	Country	8. This corporation has liability for i	
<u></u>	9. Name and Address of Curre		[30]	Florida Statutes X Yes 10. Name and Address of New R	No No
	MAN		81 Name	10. Italia dia Addiada di Italia	logistarda Agent
SHORT	, PAUL R		82 Street Add	Iress (P.O. Box Number is Not Acceptab	
7522 N	40 ST		Jireet Add	mess (ic. box Namber is Not Acceptab	n o i
TAMPA	FL 33604		83		
			84 City		FL 85 Zip Code
or registere familiar with SIGNATURE	od agent, or both, in the State of Fio n, and accept the obligations of, Sec	irida. Such change was authoriz- ction 607.0605. Florida Statutes	ed by the corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered omo ointment as registered agent. Lam
or registere familiar with SIGNATURE	id agent, or both, in the State of Fio n, and accept the obligations of, Sec Signature, typed or penter name of region of the OFFICERS AI	nda, Such change was autronz- ction 607,0505 Florida Statutes change haggister (cv)	bd by the corporation's boats. In this steed April surpring resure. 13.	ard of directors. Thereby accept the appo	ointment as régistered agent. Lam DAIL ICERS AND DIRECTORS IN 12
or registere familiar with SIGNATURE	id agent, or both, in the State of Fion, and accept the obligations of, Sec Signature, typed or perfect name of region of the CEFICERS AL	inda. Such change was authoriz- ction 607.0505. Florida Statutes	to the corporation's boards and by the corporation's boards. 13. 1.1 Title	and of directors. I hereby accept the appearance of directors.	ointment as régistered agent. Lam
SIGNATURE	id agent, or both, in the State of Fion, and accept the obligations of, Sec Signature, typed or perfect name of registrial spin OFFICERS AI PD SHERMAN, MINDY A	nida. Such change was authorizetion 607,0505. Florida Statutes Sanato Lapidole (vo.) ND DIRECTORS.	to the corporation's boards to the corporation's boards. 13. 1 Tift F 12 NAME	and of directors. I hereby accept the appearance of directors.	ointment as régistered agent. Lam DATE DERS AND DIRECTORS IN 12
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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: (

6:9:96

407-682-2913