

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000029435 (3)**

1. Corporation Name  
**PIZZAZZ PAINTING, INC.**

Principal Place of Business  
**4514 NORTH MATANZAS AVENUE  
TAMPA FL 33614-6651  
US**

Mailing Address  
**4514 NORTH MATANZAS AVE.  
TAMPA FL 33614-6651  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/21/1993</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-3176597</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25. Name and Address of Current Registered Agent		29. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
30. Name and Address of New Registered Agent		30. Name and Address of New Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**BOGGS, E. JACKSON  
501 EAST KENNEDY BLVD.  
SUITE 1700  
TAMPA FL 33614**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. City	84. State	85. Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	2.1 TITLE	2.2 NAME
CITY - ST - ZIP		3.1 TITLE	3.2 NAME
		4.1 TITLE	4.2 NAME
		5.1 TITLE	5.2 NAME
		6.1 TITLE	6.2 NAME
		7.1 TITLE	7.2 NAME
		8.1 TITLE	8.2 NAME
		9.1 TITLE	9.2 NAME
		10.1 TITLE	10.2 NAME
		11.1 TITLE	11.2 NAME
		12.1 TITLE	12.2 NAME
		13.1 TITLE	13.2 NAME
		14.1 TITLE	14.2 NAME
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		20.1 TITLE	20.2 NAME
		21.1 TITLE	21.2 NAME
		22.1 TITLE	22.2 NAME
		23.1 TITLE	23.2 NAME
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		27.1 TITLE	27.2 NAME
		28.1 TITLE	28.2 NAME
		29.1 TITLE	29.2 NAME
		30.1 TITLE	30.2 NAME
		31.1 TITLE	31.2 NAME
		32.1 TITLE	32.2 NAME
		33.1 TITLE	33.2 NAME
		34.1 TITLE	34.2 NAME
		35.1 TITLE	35.2 NAME
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		39.1 TITLE	39.2 NAME
		40.1 TITLE	40.2 NAME
		41.1 TITLE	41.2 NAME
		42.1 TITLE	42.2 NAME
		43.1 TITLE	43.2 NAME
		44.1 TITLE	44.2 NAME
		45.1 TITLE	45.2 NAME
		46.1 TITLE	46.2 NAME
		47.1 TITLE	47.2 NAME
		48.1 TITLE	48.2 NAME
		49.1 TITLE	49.2 NAME
		50.1 TITLE	50.2 NAME

14. I hereby 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:  2/3/98 (015) 348-4907

CR2E034 (10/97)