

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000030438 (4)

1. Corporation Name

LAJOS RUTKA - ARTISAN PAINTING, INC.



Principal Place of Business

2714 S.W. 5TH ST.
DELRAY BEACH FL 33445

Mailing Address

2714 S.W. 5TH ST.
DELRAY BEACH FL 33445

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

RUTKA, LAJOS
2714 S.W. 5TH ST.
DELRAY BEACH FL 33445

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 607.1008, 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE
DP
RUTKA, LAJOS
2714 S.W. 5TH ST.
DELRAY BEACH FL 33445

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
[] Change [] Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
[] Change [] Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
[] Change [] Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
[] Change [] Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
[] Change [] Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP
[] Change [] Addition

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***200.00

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)(k), 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 registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit filed with an officer.

SIGNATURE

Lajos Rutka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 243-4768

CR2E034 (12/95)