Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90041 035 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # P93000	037422				
i. Corporation	Name I OOOOO CO					
LANUS	END IMANINA HOLDING CO	JIVIPAINT, INC.		1 (884) PR: 118 (8183 141) ESHA BENT GENT		#1 818 (1 11 1 88)
Principal Place	e of Business	Mailing Address		1 1891(89) 110 18190 11111 80111 80111 80111	42100 Mill (601) piera	11818 1161 1881
6429 HARNEY I	RD.	6429 HARNEY RD.				
TAMPA FL 3361	0	TAMPA FL 33610		DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualifed	1110 01 7102	
				05/24/1993		
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26		59-3183734	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22		27			Fee Re	·
City & State	9	City & State		6. Election Campaign Financing	\$5.00 Added to	
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation owes the current year		01663
24	25		30	Personal Property Tax.		□No
	9. Name and Address of Curren			10. Name and Address of New Registe	red Agent	
			81 Name			
Granowicz, Donald E			82 Street	Address (P.O. Box Number is Not Acceptable)		
6429 HARNEY ROAD				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
IAM	PA FL 33610		83			
			84 City	***	85 Zip C	Code
	1 1				FL Designation	ragistared
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1808, Florida Statutes of Florida. Such change was aut	s, the above-named thorized by the corp	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	ppointment as req	gistered
agent. I ar	m familiar with and accept the obliga		da Statutes.	11 50	11.51	<i>a a</i>
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable (NOTE: F	Registered Agent signature	9/d E GANDWICZ required when reinstating) DAT	<u> </u>	77
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	GRAOWICZ, DONALD E		1.2 NAME			
STREET ADDRESS	6429 HARNEY RD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33610	- Decises	1.4 CITY- ST- ZIP	0.45	Thomas	☐ Addition
TITLE	DV	☐ DELETE	2.1 TITLE	DVS	Change	☐ Addidon
NAME	CLARK, HENRY B.		2.2 NAME			
STREET ADDRESS	6429 HARNEY ROAD TAMPA FL		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	SD	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change	Addition
NAME	TRACEY, DERMOTT J		3.2 NAME			
STREET ADDRESS	6429 HARNEY ROAD		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME	·		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	·	Change	☐ Addition
NAME			5.2 NAME 5.3 STREET ADDRESS	,		
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

CITY-ST-ZIP 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 supplier ental 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE (X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR