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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000050180 (7)

1. Corporation Name
ELIAS BROTHERS PAINTING, INC.



Principal Place of Business

4206 ENTERPRISE AVE
UNIT A7
NAPLES FL 33942

Mailing Address

4206 ENTERPRISE AVE
UNIT A7
NAPLES FL 34104-7006

3. Date Incorporated or Qualified
07/19/1993

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34104 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
65-0424614

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

X

Yes No

9. Name and Address of Current Registered Agent

ELIAS, OVADIA R
4206 ENTERPRISE AVE
UNIT A7
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code 34104

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME EL. AV, MIRYAM
STREET ADDRESS 4206 ENTERPRISE AVE. UNIT A-7
CITY-ST-ZIP NAPLES FL 33942

TITLE V ☐ DELETE
NAME ELIAS, OVADIA R
STREET ADDRESS 4206 ENTERPRISE AVE., UNIT A-7
CITY-ST-ZIP NAPLES FL 33942

TITLE S ☐ DELETE
NAME ELIAS, MARIA P
STREET ADDRESS 4206 ENTERPRISE AVE., UNIT A-7
CITY-ST-ZIP NAPLES FL 33942

TITLE T ☐ DELETE
NAME ELI-AV, URI
STREET ADDRESS 4206 ENTERPRISE AVE. UNIT A-7
CITY-ST-ZIP NAPLES FL 33942

TITLE VP ☐ DELETE
NAME MEIR, ALICE
STREET ADDRESS 4206 ENTERPRISE AVE UNIT A-7
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

34104

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

34104

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

34104

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

PRESIDENT

34104

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

34104

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

(941) 643-1624

Date

Daytime Phone #

CR2E034 (9/96)