03-08-1999 90032 028 ***150.00

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**

DOCUMENT # POSOCOS4680

1. Corporation WILLIAM	S PAINTERS, INC.	004000					
Principal Place of Business Mailing Address					I (BANGE) AND TRIBE THAT EARLY CONT. OR ALL CONT.)i Milii Aiaia aira:	1841 8811 1881
13310 SW 81ST ST. 13310 SW 81ST ST. MIAMI FL 33286 MIAMI FL 33286					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed 08/02/1993		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
26					65-0429632		t ⁻ Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	May Be
Zip	Country 25	Zip 30	Countr	у	This corporation owes the current year I Personal Property Tax.		□No
	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registere	d Agent	
WILLIAMS, DENZER R				Name Street Add	ress (P.O. Box Number is Not Acceptable)		,
MIAMI FL 33182			8:	3			
			84	1 '	FL 85 Zip Code		
11. Pursuant office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	D2 and 607.1508, Florida Statutes, of Florida. Such change was auth ations of, Section 607.0505, Florida	the aboverized by a Statute	ve-named corp y the corporati s.	poration submits this statement for the purpose coon's board of directors. I hereby accept the app	of changing its ointment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (NOTE: Re	onistered An	ent signature require	ed when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	WILLIAMS, DENZIL R		1.2 NAME				
STREET ADDRESS	13310 SW 81ST ST.		1.3 STREA	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183			ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	WILLIAMS, MARIE L		2.2 NAME	1			
STREET ADDRESS	13310 SW 81ST ST.		2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		2.4 CITY-			Change_	Addition _
_TIŢLE .		DELETE	31 TITLE	• · · • • · · · ·		□1 ciiāuāe =	
NAME			3.2 NAME				ľ
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE			[T] Change	☐ Addition
NAME		_ bearie	4.1 THEE			~ <u>~</u>	_
STREET ADDRESS				- ET ADDRESS		~~.	
CITY-ST-ZIP			4.4 CITY-		•	`	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	:			
STREET ADDRESS			5.3 STRE	ET 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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Addition

Change