FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 14 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000059638 (5)**

1. Corporation Name
CONFIDENCE PRESSURE CLEANING & PAINTING, INC.

Principal Place of Business	Mailing Address
~~23013 SW 56TH AVE.~~ ~~BOCA RATON FL 33433~~	~~23013 SW 56TH AVE.~~ ~~BOCA RATON FL 33433~~
6132 SW 4 ST	6132 SW 4 ST
MARGATE, FL 33068	MARGATE, FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1993	3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0432659	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$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 ☐ Yes ☐ No	

21 Principal Place of Business	26 Mailing Address
6132 SW 4 STREET	6132 SW 4 STREET
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: MARGATE, FL	28 City & State: MARGATE, FL
24 Zip: 33068 25 Country: USA	29 Zip: 33068 30 Country: USA

9. Name and Address of Current Registered Agent

STEINBERG, BEN
~~23013 SW 56TH AVE.~~ 6132 SW 4 STREET
~~BOCA RATON FL 33433~~ MARGATE, FL 33068

10. Name and Address of New Registered Agent

81 Name: STEINBERG, BEN
82 Street Address (P.O. Box Number is Not Acceptable): 6132 SW 4 STREET
83
84 City: MARGATE FL 85 Zip Code: 33068

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: Ben Steinberg (Signature, type or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when name(s) changed) Date: 7/ /95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	STEINBERG, BEN	12 NAME	
STREET ADDRESS	~~23013 SW 56TH AVE.~~ 6132 SW 4 ST.	13 STREET ADDRESS	6132 SW 4 STREET
CITY ST ZIP	~~BOCA RATON FL 33433~~ MARGATE, FL 33068	14 CITY ST ZIP	MARGATE, FL 33068
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	STEINBERG, MICHELLE	22 NAME	
STREET ADDRESS	~~23013 SW 56TH AVE.~~ 6132 SW 4 ST.	23 STREET ADDRESS	6132 SW 4 ST
CITY ST ZIP	~~BOCA RATON FL 33433~~ MARGATE, FL 33068	24 CITY ST ZIP	MARGATE, FL 33068
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Ben Steinberg 7/10/95 (407)451-0166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260004 CP