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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996

P9300061173 (9)

DOCUMENT # P93000061173 (9)

LITE PAINTING, INC.



Principal Place of Business	Mailing Address	Mailing Address		ı sanıcanı isk sasaa sınır dasir adili dasil datib bisht iskalı itali 1604 filli 1604	
101-6 NORTH STATE ROAD 7 MARGATE FL 33063		6354 WINFIELD BOULEVARD MARGATE FL 33063			
			<ol> <li>Date Incorporated or Qualified 09/01/1993</li> </ol>	3a. Date of Last Report 07/19/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0480567	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
Zip Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees	
24 25	29	30	8. This corporation has liability for in Florida Statutes	mangible tax under si 199.032,	
	of Current Registered Agent		10. Name and Address of New R		
		81 Name	JOHN MARI	15.11	
THE LAW FIRM LAWRENCE J. SPIEGEL, CHARTERED		82 Street Add	ress (P.O. Box Number is Not Acceptate	lai y	
343 ALMERIA AVENUE		Street Addi	6354 WINE	1520 1340	
CORAL GABLES FL 33134		83	MADGATE	FL 33063	
		84 City	, and	85 Zip Code	
				FL	
<ol> <li>Pursuant to the provisions of Sections or registered agents or both, in the Sta</li> </ol>	ite of Florida. Such change was authoriz	red by the cornoration's boa	ration submits this statement for the pur	pose of changing its registered office	
familiar with, and adopt the obligation	is of, Section 607,0505, Florida Statutes	5.	To be directed Thereby elocopy the app	/- c/o	
SIGNATURE	My man			4/29/96	
Studenture typed or printed name of rus  12. OFFI	geographe Land the Pappintation (Nr. CERS AND DIF <del>ECTORS</del>	IL Registered Ager Cagnuture require  13.		DATE.	
TITLE DP	DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12  Charge Addition	
NAME MARLEY, JOHN		1.2 NAME			
STREET ADDRESS 6354 WINFIELD BO	DULEVARD .	13 STREET ADDRESS			
CITY-ST-ZIF MARGATE FL	33063	1.4 CHY-ST-ZIP			
TITLE	DELETE	2 1 TiTLE		Change Addition	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-SI ZIF		2 4 CITY - ST - ZIF			
TITLE	☐ DELETE	3 1 TITLE		Change Addition	
NAME		3 2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
C(TY - ST - ZIF		3.4 City - ST - ZiP			
TITLE	☐ DETE1E	4 1 TILLE		Change Addition	
NAME		4 2 NAME			
STREET ADDRESS		4 3 STREET ADDRESS			
CITY - S1 - ZIF	Fig bolter	4 4 CITY - ST - ZIP			
TITLE	☐ DELETE	5 1 TITLE		Change Addition	
NAME expect appeared		5 2 NAME			
STREET ADDRESS		5 3 STREET ADDRESS			
CITY-ST-ZIP	☐ DELETE	5 4 CHY+ST-ZIP 6 1 TITLE		Change Addition	
NAME	CJ DECETE	6 2 NAME		Change Addition	
STREET ADDRESS		6.3 STREET ACCRESS			
CHY-SI-ZP		6.4 City - ST-ZIP			
14. I do hereby certify that the information certify that the information indicated or	supplied with this filing is voluntarily furn	nished and does not qualify f	or the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further	

4. I do hereby certify that the information supplied with this fing 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 directer 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 change on or on an attachment with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF SHEETOR

JOHN MARIEY

4/24/96 9325772

:R2E034 (12/9)