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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Daytime Phone #

0146571

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061173 (9)

ELITE PAINTING, INC. Principal Place of Business Mailing Address 101-6 NORTH STATE ROAD 7 6354 WINFIELD BOULEVARD MARGATE FL 33063 MARGATE FL 33063-1740 3. Date Incorporated or Qualified 3a, Date of Last Report 09/01/1993 05/01/1996 Applied For 2. Principal Piace of Business Mailing Address 4. FEI Number 65-0480567 21 26 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has fiability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 MARLEY, JOHN Name 6354 WINFIELD BLVD 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 84 City Zip Code 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 for 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. Say in the type of or printed name of regeleged agent and title if applicable, (NOTE Registered Agent argnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DP DELETE Change Addition 1611 1 1 TITLE MARLEY, JOHN E034 NAMI 1.2 NAME 6354 WINFIELD BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition 700 DELETE 2.1 TITLE Change 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 00Y-ST 20 2. 4 City - St - ZIP DELETE Change Addition 101LE 3.1 TITLE NUM: 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY - \$1 - 709 34. CITY-ST-ZIP DELETE Change Addition THEF 41 TITLE 4. 2 NAME STREET ACORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CrTY - ST - ZIP DELETE 5.1 TITLE Change ■ Addition TILLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY - 51 - ZIE DELETE Change Addition Tille 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 017Y-S1-7/2 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 arrival 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 precute this report as required by Chapter 607, Florida Statutes; and that my name

d) or on an elechmont with an address.