SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



H ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000067826 (6)

FILED Sep 16 1997 8:00am Secretary of State

1. Corporatio	n Name T PAINTING		JUU0 / 6.	20 (0))					
Principal Plac	e of Business		Mailing A	ng Address						AHE BAHI IN BI
108 ROOSEV	ELT AVE		108 ROC	SEVELT AVE						
COCOA BEACH FL 32931 COCOA BE					31					
							DO NOT WRIT			
ţ							3. Date Incorporated or Qualified	l l	le of Last R	ં ા
Principal C	Dog of Busine	.00	T an Mailio	n Address			09/29/1993	09/29/1993 06/21/1996 4. FEI Number Applied Fo		
21	2. Principal Place of Business			8 Maguess					———	ot Applicable
Suite, Apl.	#. etc.		26 Suite.	Apt #, etc.			59-3186210			Additional
22	., .,.,		27	 			5. Certificate of Status Desired			equired
City & Stat	le	···-	~~~~~~~	City & State			6. Election Campaign Financing		\$5.00	May Be
23			28	28			Trust Fund Contribution			
Zip	Zip Country		Z _I p	Zφ		/	8. This corporation owes or has paid the current year Intangible			
24			29				Personal Property Tax due June 30. Yes No			
		nd Address of Cur	rent Registered /	\gent	81	T 81	10. Name and Address of New R	egistered A	gent	
	BBOORD, JO					Name				
1980 N ATLANTIC AVE						Street Add	dress (P.O. Box Number is Not Accepta	able)		
SUITE 801 COCOA BEACH FL 32931				83						
60	ICON REACH	1 FL 32931			53					
					84	City		FI	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE	am t am iliar with	i, and accept the ob	oligations of, Section	on 607.0505, F	ites, the above authorized by lorida Statute	e-named cor y the corpora s.	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of ept the appo	changing it intment as	ts registered registered
	Signature typed re	printed name of migetimes				ent signature requ	med when reinstating)	DAIL		
12.	Б	OFFICERS	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFF		DIRECTOR Change	RS IN 12 Addition
TITLE NAME	ABBOTT,	TIM		□ DULLIE	1.7 HILL 1.2 NAME			'	Change	
STREET ADDRESS		SEVELT AVE				ADDRESS				
CITY-ST-ZIP		BEACH FL 32931			1.3 SINCE	ì				\
TITLE				DELETE	2 1 TITLE	21-211			Change	Addition
NAME					2.2 NAME				_ •	
STREET ADORESS					23 STREET	ADDRESS				
CITY-ST-ZIP					2 4 CITY-1	ST-ZIP				Ì
TITLE				DELETE	3 1 TITLE				Change	noilit bA
NAME					3.2 NAME					1
STREET ADDRESS					3 3 STREET	LADORESS				}
CITY-ST-ZIP					3.4 CITY -	S1 · ZIF				
TITLE				☐ DELETE	4.1 TITLE			į	Change	Addition
NAME					4. 2 NAME					
STREET ADDRESS					4 3 STREET	ADDRESS				ľ
CITY-ST-ZIP					4.4 CITY - S	SI - ZiP				
TITLE				☐ DELETE	5.1 7111.€				Change	Addition
NAME					5.2 NAME					ł
STREET ADDRESS	i				5.3 STREET	Į.				Ì
CITY-ST-ZIP				Driese	5.4 CITY - 5	SI-ZIP			Ch	A-100-1
TITLE				DELETE	6.1 TITLE				Change	Addition
NAME					62 NAME	1				ļ
STREET ADDRESS					63 STHEFT					
CITY-ST-ZIP			7		6.4 DITY - S	ST-ZIP	d i= 0 110 07/0V/3 Flexide Ci-bu		415 . 414	

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 logal 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.

TOURNAME PORTION OF 11 0 12.07 402.202.9722