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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000073684 (1)

1. Corporation Name:

PAINTERS WALK CORPORATION

Principal Place of Business

9 CIRCLE OAKS TRAIL
ORMOND BEACH FL 32174

Mailing Address

9 CIRCLE OAKS TRAIL
ORMOND BEACH FL 32174-4949



3. Date Incorporated or Qualified

10/25/1993

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Painters Walk Corporation
82 Street Address (P.O. Box Number is Not Acceptable) CW Singletary
83 9 Circle Oaks Trail
84 City Ormond Beach FL 85 Zip Code 32174

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

CW Singletary

(NOTE: Registered Agent signature required when reinstating)

3/17/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	SINGLETARY, C W	9 CIRCLE OAKS TRAIL	ORMOND BEACH FL 32174	<input type="checkbox"/>
V	HORAN, JOHN W	9 CIRCLE OAKS TRAIL	ORMOND BEACH FL 32174	<input type="checkbox"/>
ST	SINGLETARY, MIKE	9 CIRCLE OAKS TRAIL	ORMOND BEACH FL 32174	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
11	12	13	14	<input type="checkbox"/>
21	22	23	24	<input type="checkbox"/>
31	32	33	34	<input type="checkbox"/>
41	42	43	44	<input type="checkbox"/>
51	52	53	54	<input type="checkbox"/>
61	62	63	64	<input type="checkbox"/>

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 included 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:

CW Singletary 3/17/97 704 699 0119

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

0026272

CR2E034 (9/96)