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May 09 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 # P93000086032 (8)

1. Corporation Name
I.A. PAINTING & WATERPROOFING, INC.

Principal Place of Business
4206 ENTERPRISE AVE.
UNIT A-7
NAPLES FL 34104

Mailing Address
4206 ENTERPRISE AVE.
UNIT A-7
NAPLES FL 34104-7006

3. Date Incorporated or Qualified 12/10/1993
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 9650 Victoria Lane
2a. Mailing Address 26 9650 Victoria Lane

Suite, Apt. #, etc. 22 Unit B-303
Suite, Apt. #, etc. 27 Unit B-303

City & State 23 Naples, Florida
City & State 28 Naples, Florida

Zip 24 34109 Country 25 USA
Zip 29 34109 Country 30 USA

4. FEI Number 65-0452348
Applied For Not Applicable

5. Certificate of Status Desired X \$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 X Yes No

9. Name and Address of Current Registered Agent
ALIAS, ILAN
4206 ENTERPRISE AVE.
UNIT A-7
NAPLES FL 34104

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9650 Victoria Lane Unit B-303
83
84 City Naples FL 85 Zip Code 34109

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 ILLAN ALIAS
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME ALIAS, ILAN
STREET ADDRESS 4206 ENTERPRISE AVE., UNIT A-7
CITY-ST-ZIP NAPLES FL 34104
TITLE VP
NAME GERBEC, SCOTT
STREET ADDRESS 4206 ENTERPRISE AVE., UNIT A-7
CITY-ST-ZIP NAPLES FL 34104
TITLE Y
NAME SEVIGNY, KIPLIN
STREET ADDRESS 4206 ENTERPRISE AVE. A-7
CITY-ST-ZIP NAPLES FL 34104
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE VP/D
2.2 NAME GOMEZ, ESTABAN
2.3 STREET ADDRESS 9650 VICTORIA LANE UNIT B-303
2.4 CITY-ST-ZIP NAPLES, FLORIDA 34109
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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: ILLAN ALIAS REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97
Date Daytime Phone #

CR2E034 (9/96)