

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000086047 (6)

1. Corporation Name

M.A. PAINTING & RESTORATION, INC.



Principal Place of Business

4206 ENTERPRISE AVE.
UNIT A-7
NAPLES FL 33942

Mailing Address

4206 ENTERPRISE AVE.
UNIT A-7
NAPLES FL 33942

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

4. FEI Number

65-0452351

Applied For

Not Applicable

5. Certificate of Status Desired



\$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



Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALICE, MEIR
4206 ENTERPRISE AVE.
UNIT A-7
NAPLES FL 33942

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ALICE, MEIR ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
4206 ENTERPRISE AVE., UNIT A-7
NAPLES FL 33942

TITLE D ROBERTS, CHUCK ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
4206 ENTERPRISE AVE., UNIT A-7
NAPLES FL

TITLE D BURGOS, LUIS ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
4206 ENTERPRISE AVE., UNIT A-7
NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE 2ND V.P. ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE 3RD V.P. ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 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:

Meir Alice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(941) 643-4846

Date

Daytime Phone #

CR2E034 (12/95)