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May 08 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 # 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 34104-7006

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 2124 AIRPORT ROAD S

2a. Mailing Address
26 2124 AIRPORT ROAD S

4. FEI Number
65-0452351

Applied For
Not Applicable

22 SUITE A-201

27 SUITE A-201

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 NAPLES, FLORIDA

28 NAPLES, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 3412

Country

29 3412

Country

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)

2124 AIRPORT ROAD SOUTH

83

SUITE A-201

84 City

NAPLES

FL

85

Zip Code

34112

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 *Meir Alice*

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:

Meir Alice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

Daytime Phone #

CR2E034 (9/96)