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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P94000011343 (8)**

1. Corporation Name
PRIME BELUSKOV PAINTING, INC.

Principal Place of Business	Mailing Address
1215 FAIR LAKE TRACE, APT. 1007 FT. LAUDERDALE FL 33261	1215 FAIR LAKE TRACE, APT. 1007 FT. LAUDERDALE FL 33326-2604

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business
21: 9553 FOX TROT LANE
22 Suite, Apt. #, etc.: /
23 City & State: BOCA RATON, FLA
24 Zip: 33496
25 Country: PALM BEACH

2a. Mailing Address
26: 9553 FOX TROT LANE
27 Suite, Apt. #, etc.: /
28 City & State: BOCA RATON, FLA
29 Zip: 33496
30 Country: PALM BEACH

4. FEI Number: 65-0476254 ☐ 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

BELUSKOV, MILE
1215 FAIR LAKE TRACE, APT. 1007
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name: BELUSKOV, STOJANCO
82 Street Address (P.O. Box Number is Not Acceptable): 9553 FOX TROT LANE
83
84 City: BOCA RATON, FL 85 Zip Code: 33496

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: STOJANCO BELUSKOV - PRESIDENT — 01/24/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELUSKOV, MILE 1215 FAIR LAKE TRACE, APT. 1007 FT. LAUDERDALE FL 33326	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELUSKOV, STOJANCO 1215 FAIR LAKE TRACE, APT. 1007 FT. LAUDERDALE FL 33326	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: STOJANCO BELUSKOV — 01/24/97 — (561)852-0047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0286540