

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$295 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

HANNUITY
APPROVED
FILED
125

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1996 DEC 23 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 994000033702

1. Corporation Name
Sun Coast Painting of Naples, Inc.
4206 Enterprise Avenue Unit A-7
Naples, Florida 34104

Principal Place of Business Mailing Address
4206 Enterprise Ave Unit A-7
Naples, Florida 34104

3. Date Incorporated or Qualified 4/28/94 3a. Date of Last Report 5/1/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-04834560	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$6.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 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

Avi Alias
4206 Enterprise Avenue Unit A-7
Naples, Florida 34104

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Avi Alias* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Avi Alias	1.2 NAME	
STREET ADDRESS	4206 Enterprise Ave Unit A-7	1.3 STREET ADDRESS	
CITY - ST - ZIP	Naples, Florida 34104	1.4 CITY - ST - ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Robert Lewis	2.2 NAME	
STREET ADDRESS	4206 Enterprise Avenue Unit A-7	2.3 STREET ADDRESS	
CITY - ST - ZIP	Naples, Florida 34104	2.4 CITY - ST - ZIP	
TITLE	T ☒ DELETE	3.1 TITLE	V ☒ Change ☐ Addition
NAME	Rudy Lopez	3.2 NAME	Elvin Pagan
STREET ADDRESS	4206 Enterprise Avenue Unit A-7	3.3 STREET ADDRESS	4206 Enterprise Avenue Unit A-7
CITY - ST - ZIP	Naples, Florida 34104	3.4 CITY - ST - ZIP	Naples, Florida 34104
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	2000020404162-12/30/96-01008-013
NAME		5.2 NAME	*****61.25 *****61.25
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Avi Alias* Avi Alias President 12/1/96 941 643 1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)