## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address -7770 POLO OLUB TANE

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

THUS GET VOUS LANE

DOCUMENT # **P94000055852 (5)** 

THE DECORATIVE PAINTING STUDIO. INC.

**SARASOTA FL 34240-8514** SARASUTA PL 34240 3. Date Incorporated or Qualified 3a, Date of Last Report 07/27/1994 10/03/1996 4. FEI Number Applied For 65-0506869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country This corporation has liability for intangible taxunder s. 199.032, Yes No Florida Statutes 30 29 フ25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MCGRATH, CHERYL B 754h Pls. 7770 POLO CLUB LANE 5 ARZASOLA, F1. 83 3424384 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34240 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE MCGRATH, CHERYL B 1.2 NAME NAME 7770 POLO CEUB LANE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 1.4 CITY-ST-ZIP City - St - ZIP DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CiTY ST-ZIP 2.4 CITY-ST-7/P DELETE Change Addition 3.1 TITLE TITLE NAMÉ 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP City-St-ZiP DELETE Addition 4.1 TITLE TOTALE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling 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 3 if changed, or on an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TIELE

6.2 NAME

SIGNATURE:

City-St-ZiP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP TITLE

TITLE

NAME

NAME

DELETE

DELETE

Change

Change

Addition

\_\_\_ Addition

**FILED** 

Feb 07 1997 8:00am

Secretary of State