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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000058793 (8) **DOCUMENT #**

ELIAS PAINTING ENTERPRISES, INC.

Mailing Address Principal Place of Business 4206 ENTERPRISE AVENUE UNIT A-7 4206 ENTERPRISE AVENUE UNIT A-7 NAPLES FL 33942 NAPLES FL 33942 3a. Date of Last Report 3. Date Incorporated or Qualified 08/02/1994 06/30/1995 4. FEI Numbe Applied For 2a. Mailing Address 2. Principal Place of Business 65-0508258 Same Not Applicable 26 21 Same \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Cortificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Oity & State Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199 032, Country $Z_{\rm IO}$ ¥ Yes □ No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 ELI-AV, URI 82 Street Address (P.O. Box Number is Not Acceptable) 4206 ENTERPRISE AVENUE UNIT A-7 NAPLES FL 33942 83 Zip Code 84 85 City Pursuant to the provisions of Sections 607.0502 and C07.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE uting types as protect name at registered agent and the diance label ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Addition 1 1 TLE THUE ELIAS, OVADIA R CR2E034 1.2 NAME NAME 4206 ENTERPRISE AVENUE UNIT A-7 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33942 14 CHY ST-ZIP CITY-ST-ZIF ☐ DELETE Change Addition 2.17(1.6) TITLE ELI-AV. URI 2.2 NAME NAM: 4206 ENTERPRISE AVE., UNIT A-7 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 2.4.6.1 y - \$1 - ZIP CHTY-ST ZIP ☐ Change ☐ Addition [T] DELETE TIT: F 3 1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CiTY - \$1 - ZiP CITY-ST-ZIP Change Maddition [] DELETE 4 1 10; 5 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.C.TY - S1 - ZIP CITY-ST-ZIP ☐ Chacoe Addition DELETE 5 1 TiffeE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CHTY-ST-ZIP Change Addition DELETE 6.130E TITLE 6.2 NAME NAM:

SIGNATURE:

STREET ADDRESS

CITY - St - 2IP

6.4 C:1Y - ST - ZIP

14. Ido hereby certify that the information supplied with this firing 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 early, that I am an officer or director of the corporation or the receiver or dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an others.