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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400062998 (7)

D.H. PAINT EQUIPMENT REPAIR, INC.

Link	opai made o	Dusiness	
4200	ENTERDORIGE	AVE HART A.C.	

Mailing Address

4206 ENTERPRISE AVE UNIT A-C NAPLES FL 34104 4206 ENTERPRISE AVE UNIT A-6 NAPLES FL 34104-7006

FILED Feb 06 1997 8:00am Secretary of State



					3. Date incorporated or Qualified 08/19/1994	3a. Date of Last Report 02/14/1996		
2. Principa' Place of Business		2a. Mailing Address		4. FEI Number		Applied For		
21		26		65-0512038	65-0512038 Not Applicat			
Suite, Apt. #. etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	40.00 Inta 50			
Z _I p	Country 25	Ζιρ	Count	ry	8. This corporation has liability for i			
47	9. Name and Address of Current		301		10. Name and Address of New Re			
OVA			В	1 Name		Brattor of Trigoth		
OVADIA, ELIAS R. 4206 ENTERPRISE AVE								
			В	82 Street Address (P.O. Box Number is Not Acceptable)				
UNIT A-6 NAPLES FL 34104			В	83				
			8	4 City		FL 85	Zip Code	
SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat Signature, typed or providing the of registered agen				corporation submits this statement for the p poration's board of directors. I hereby accept required when reinstating)	urpose of changest the appointme	ing its registered nt as registered	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		CTORS IN 12	
TILLE	CEOD	DELETE	1.1 1171.0	, [☐ Ch:		
NAME	GIBBS, JAMES H.		1.2 NAM				,	
STREET ADDRESS 4208 ENTERPRISE AVE, UNIT A-8		-6	1.3 STREET ADDRESS					
CITY-ST-7IP	NAPLES FL 34104			-ST-ZiP				
TITLE	PD	DELETE	2.1 TITLE			☐ Cha	nge Addition	
NAME	ELIAS, OVADIA R.		2.2 NAM	.				
STREET ADDRESS	4206 ENTERPRISE AVE. UNIT A	-6		ET ADDRESS				
CITY-SI-ZIP	NAPLES FL 34104	•	2.4 CITY					
TITLE	VD	DELETE	3.1 TITLE			Chi	ange Addition	
NAME	VILLALBA, SIMITRIO	panel	3.2 NAM	ľ		المسبق		
STREET ADDRESS	4206 ENTERPRISE AVE UNIT A-	6		ET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34104	-	3.4. CITY	ľ				
TITLE	**************************************	DELETE	4.1 TITLE			☐ Cha	inge Addition	
NAME		Secretary Secretary	4. 2 NAM					
STREET ADDRESS				ET ADDRESS				
ì				1			1	
CITY - S1 - 7(P TITLE		DELETE	4.4 CITY 5.1 TITLE			☐ Ch	ange Addition	
NAME			5.2 NAMI			الله بساء	mAn T VOORION	
STREET ADDRESS				: Et address			1	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE			☐ Chi	ange Addition	
		had Other It				L (11)	inge [_] Audit[0]]	
NAME PAREST APPROACE			6.2 NAMI	i			1	
STREET ADDRESS			I	et address]	
CITY - S1 - ZIP			6.4 CITY	-ST-ZIP				

14. I do hereby certify that the information supplied with this fitting 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 received 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/28/97 (941) 643-7254