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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000071583

1. Corporation Name

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90209 023 ***150.00

EASTEP	PAINTING SERVICES, INC.						
Principal Place	e of Business	Mailing Address					11101 10100 1111 1001
22991 TRADEWIND ROAD 22991 TRADEWIND ROAD							
BOCA RATON FL 33428 BOCA RATON FL 33428					DO NOT MIDITE IN	THIS SDACE	
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					09/26/1994		
Principal Place of Business 2a. Mailing Ad.		2a. Mailing Address	ng Address		4. FEI Number		Applied For
21 26		26			65-0524178		Not Applicable
Suite, Apt. #, etc Suite, Ap		Suite, Apt. #, etc.	Apt. #, etc.		5. Certificate of Status Desired	+	5 Additional Required
22		27					
City & State City & Sta		⊢ ¬ ′	tate		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23 Zin	Country	Zip	Country	,	8. This corporation owes the current ye		
Zip	25	29 30	¬ `		Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Curren		-		10. Name and Address of New Regist	ered Agent	
<u> </u>			81	Name			
	TEP, JOE		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	11 TRADEWIND ROAD		02	Juleet A	duress (1.0, box radifical is real recognistic)	·	·
BOC	A RATON FL 33428		83	1			}
			84	City		FL 85 Z	ip Code
	· · · · · · · · · · · · · · · · · · ·				and the state of t		ite registered
l Office or n	edistered agent, or both, in the State :	of Florida, Such change was autr	lorizea by	the corpor	orporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as	registered
agent La	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes	š.			
L Lagorita i La							
SIGNATURE					using when rejectating)	TE	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Age		quired when reinstating) ADDITIONS/CHANGES TO OFFICEF		CTORS IN 12
SIGNATURE	OFFICERS AN				quired when reinstating) DA ADDITIONS/CHANGES TO OFFICER		
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14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.