FILE NOW: FILING FEE AFTER MAY 1)IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

P94000077659 (8)

ARMENTO	PAINTING	& SONS.	INC.

ARMEN	nto paintin	IG & SONS, INC). 										
Principal Place	of Business		Mailing Add	dress					I PAULUADI IIU PARA DIULI AULUI BULI URAB	VAIII VAIII (88:		H 63110 (BH 180	١
13289 EMERALD VIEW COURT 13289 EMERALD VIEW WELLINGTON FL 33414 WELLINGTON FL 33414				OURT			,						
									 Date Incorporated or Qualified 10/20/1994 	3a. Date 03	of Last Re /28/199	•	
2. Principal Pla	ace of Business		2a. Mailing	Address					4. FEI Number			Applied For	
21			26						65-0537439			Not Applicat	ske
Suite, Apt. :	#, etc.		_	vpt. #, etc.					5. Certificate of Status Desired			Additional	
City & State			27 City & 5	Photo					a elizabeth a			Required	
23 City & State			28	วเสเซ					Election Campaign Financing Trust Fund Contribution			May Be	
Zip		Country	Zip		Cou	intry			This corporation has liability or it	ntanoible tax			\dashv
24	25	,	29		30	,		ĺ	·	□ No		.00.002,	
		Address of Current	Registered A	gent	L1				10. Name and Address of New R	egistered A	gent		
						81	Name						
ARMEN ¹	ro, rocco J					82	Street A	Addres	s (P.O. Box Number is Not Acceptab	le)		· · · · · ·	\dashv
	MERALD VIEW	COURT					J 501.7			•			
WELLIN	GTON FL 3341	4				83							
						84	City		· · · · · · · · · · · · · · · · · · ·		85 Zip	o Code	_
										FL			
11. Pursuant t or register	o the provisions o	of Sections 607.0502 a , in the State of Florida	and 607.1508, a. Such change	Florida Statute: was authorize	s, the abo d by the c	we-n corpo	iamed co oration's l	rporati board	on submits this statement for the pur of directors. I hereby accept the appo	pose of cha pintment as i	nging its r egistered	egistered of Lagent, Lam	fice
familiar wil	h, and accept the	obligations of Section	on 607.0505, Fi	orida Statutes.		•			,				
SIGNATURE _						77.7.7							
12.	Signature, typeo or print	ed name of registered agent a OFFICERS AND		INO	13.	Agent	t signature re	squired w	then reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTO	RS IN 12	— ફુ
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NAME	ARMENTO,	ROCCO J			1.2 N	AME		٧,			•		2
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NAME		11/2/201			2.2 N	AME						/ -	
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NAME STREET ADDRESS	ļ						ADDRESS						
CITY - S1 - ZIP	l				640	TY-S	1-215	L					

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on an attachment with an address

SIGNATURE: