

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000002901 (3)

1. Corporation Name

DELUXE PAINT CREW OF NAPLES, INC.

Principal Place of Business

4206 ENTERPRISE AVE  
UNIT A-7  
NAPLES FL 33942

Mailing Address

4206 ENTERPRISE AVE  
UNIT A-7  
NAPLES FL 33942

2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

5/1/95

4. FET Number

65-0547516

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

X

Yes □ No

9. Name and Address of Current Registered Agent

ELI-AV, URI  
4206 ENTERPRISE AVE  
UNIT A-7  
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 of person or printed name of registered agent and the corporation

Signature of Registered Agent or Signature of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PO  
ELI-AV, URI  
4206 ENTERPRISE AVE, UNIT A-7  
NAPLES FL 33942  
□ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
MYERS, WILLIAM  
4206 ENTERPRISE AVE, UNIT A-7  
NAPLES FL 33942  
X DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
SANTIAGO, ALEJANDRO  
4206 ENTERPRISE AVE., UNIT A-7  
NAPLES FL 33942  
□ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
□ DELETE

TITLE  
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TITLE  
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CITY - ST - ZIP  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP  
□ Change □ Addition

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY - ST - ZIP  
□ Change □ Addition

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY - ST - ZIP  
□ Change □ Addition

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY - ST - ZIP  
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17. TITLE  
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21. TITLE  
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81. TITLE  
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85. TITLE  
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89. TITLE  
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92. CITY - ST - ZIP  
□ Change □ Addition

93. TITLE  
94. NAME  
95. STREET ADDRESS  
96. CITY - ST - ZIP  
□ Change □ Addition

97. TITLE  
98. NAME  
99. STREET ADDRESS  
100. CITY - ST - ZIP  
□ Change □ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

URI - Eli-Av

4/26/96

(941) 643-1135

Date

Declared Filing

CR2E034 (12/95)