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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000002901 (3)**

1. Corporation Name
DELUXE PAINT CREW OF NAPLES, INC.

Principal Place of Business	Mailing Address
4206 ENTERPRISE AVE UNIT A-7 NAPLES FL 33942	4206 ENTERPRISE AVE UNIT A-7 NAPLES FL 34104-7006

3. Date Incorporated or Qualified: 01/05/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 5708 Deauville Circle
Suite, Apt. #, etc.
22 J-302
City & State
23 Naples, Florida
Zip 24 34112 Country 25

2a. Mailing Address
26 5708 Deauville Circle
Suite, Apt. #, etc.
27 J-302
City & State
28 Naples, Florida
Zip 29 34112 Country 30

4. FEI Number: 65-0547516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$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 ☒ 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) 5708 Deauville Circle
83 J-302
84 City Naples FL 85 Zip Code 34112

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] 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ELI-AV, URI		1.2 NAME		
STREET ADDRESS	4206 ENTERPRISE AVE, UNIT A-7		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SANTIAGO, ALEJANDRO		2.2 NAME		
STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, JUSTINO		3.2 NAME		
STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAINEZ, JOSE		4.2 NAME		
STREET ADDRESS	4206 ENTERPRISE AVE., UNIT A-7		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME			5.2 NAME	VARELA, JUAN C.	
STREET ADDRESS			5.3 STREET ADDRESS	5708 DEAUVILLE CIRCLE J-302	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NAPLES, FLORIDA 34112	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: [signature] 4/29/97 (94) 643 1665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0412454