PROFIT CORPORATION ANNUAL REPORT 1996	Sandra Secreta	FLORIDA DEPARTMEN* OF STATE Sandra B. Mariam Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # P95000014531 (4)							
TOM'S PAINTING & WALLPAPE	:n, inc.						
incipal Place of Business	Mailing Address					BIII daid t Mait ain	AI PIITA HINT 119 ; IAAL
856 GARDENIA DRIVE ROYAL PALM BEACH FL 33411 856 GARDENIA DRIVE ROYAL PALM BEACH FL 33411							
					3. Date Incorporated or Qualified	3a. Date of L	ast Report
					02/17/1995	Jan Date of C	
Principal Place of Business	2a. Mailing Address	a, Mailing Address			4. FEI Number 4889	31	Applied For
FIREDALT ROCE OF Existings	26	26			65-0100		Not Applicable 8.75 Additional
Suite, Apt. #, etc.	Suite. Apt. #, etc				5. Certificate of Status Desired	Fee Required	
Orty & State	City & State				6. Election Campaign Financing		55.00 May Be
Ony a State	28	-T			Trust Fund Contribution		Added to Fees
Zip Country	Zip 29	—·ı	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
9. Name and Address of Co				,	10. Name and Address of New R	egistered Age	nt
			81	Nanie			
PUIG, ALBERTO			82 Street Addr		ress (P.O. Box Number is Not Acceptable)		
856 GARDENIA DRIVE			83				
- ROYAL PALM BEACH FL 33411			L				IS Zip Code
			84 City		FL ()		
Pursuant to the provisions of Sections 607 or registered agent, or both, in the State of	0502 and 607.1508, Florida Statu	ites, the abo	ove :	named corpo poration's boa	ration submits this statement for the pur and of directors, I hereby accept the appo	pose or chang pintment as reg	rig its registered onice jistered agent. I ani
or registered agent, or burn, in the state of familiar with, and accept the obligations of	Section 607.0505, Florida Statute	es.					
GNATURE	tagentar Etherhappinahhir (N	CITE Hajosteres	d Ago	en signature region	ed when renstating)	DATE	
	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		Change Addition
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ACA OLDOPHIA DONE							
DOVAL DALM BEACH EL 22411			1.4 CITY - ST - 7)P				
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64 CITY-SI-2IP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and close 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 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 certify that I am an officer or director of the composition or the regeiver 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 grain attachment with address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING DEFFECTION.

Date Prove Together Pr