

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000015367 (2)**  
 1. Corporation Name  
**NATIONAL PAINTERS COMPANY**

Principal Place of Business <b>2931 7TH STREET NORTH                  ST. PETERSBURG FL 33704</b>	Mailing Address <b>2931 7TH STREET NORTH                  ST. PETERSBURG FL 33704</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/23/1995</b>		4. FEI Number <b>59-3308783</b>		Applied For <input type="checkbox"/> Not Applicable	
21 <b>1460 Gulf Blvd</b>	26 <b>1460 Gulf Blvd #1202</b>								
Suite, Apt. #, etc. 22 <b>1202</b>	Suite, Apt. #, etc. 27 <b>1202</b>							5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>Clearwater FL</b>	City & State 28 <b>Clearwater FL</b>							6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>33767</b>	Country 25 <b>USA</b>	Zip 29 <b>33767</b>	Country 30 <b>USA</b>					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>IGNACIO, EDMOND LIHIVAI                  2931 7TH ST N                  ST PETERSBURG FL 33704</b>				10. Name and Address of New Registered Agent					
				81 Name					
				82 Street Address (P.O. Box Number is Not Acceptable)		<b>1460 GULF Blvd #1202</b>			
				83 City		<b>Clearwater, FL</b>			
				84 City		85 Zip Code		<b>FL 33767</b>	

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 *Edmond Lihivai* **Ignacio Edmond Lihivai, Ignacio Vicepres**  
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IGNACIO, EMA</b>	1.2 NAME	<b>Ignacio, EMA</b>
STREET ADDRESS	<b>2931 7TH STREET NORTH</b>	1.3 STREET ADDRESS	<b>1460 GULF Blvd. #1202</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33704</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 33767</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IGNACIO, EDMOND LIHIVAI</b>	2.2 NAME	<b>Ignacio, Edmond Lihivai</b>
STREET ADDRESS	<b>2931 7TH ST N</b>	2.3 STREET ADDRESS	<b>1460 GULF Blvd. #1202</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY-ST-ZIP	<b>Clearwater, FL 33767</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Edmond Lihivai* **Edmond Lihivai, Ignacio** 1-9-98 8135535847

CR2E034 (1097)