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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

P95000030058 (8) DOCUMENT #

CUSTOM DESIGN PAINTING, INC.

FILED Apr 30 1998 8:00am Secretary of State



 	· · · · · · · · · · · · · · · · · · ·				I 100/100)	41% \$6111 6 6161 811 11 9611 666
Principal Place		Mailing Address	-			
1562 BIRCHWOOD AVE.		P.O. BOX 450304				
KISSIMMEE 34 34744 US		KISSIMMEE 34 34/45 US	KISSIMMEE 34 34745		DO NOT WRITE IN THIS SPACE	
••		•			3. Date Incorporated or Qualified 04/12/1995	7017102
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		59-3309185	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30		Personal Properly Tax due June 30.	Yes 🗌 No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	J Agent
	ll, Robert D		81	Name		
158	22 BIRCHWOOD AVE.		82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
KISSIMMEE FL 34744				Direct Floor	1000 (F.S. DON HAMIDER IS HOLVICOODILABLE)	
			83			
			84	City		les 7:- Code
			**	City	FI	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida State	ites, the above-	named cor	poration submits this statement for the purpose	of changing its registered
Office or re	egistered agent, or both, in the Sta m fam iliar with, and accept the obl	ite of Florida. Such change was	authorized by I	the corpora	ition's board of directors. I hereby accept the ap	pointment as registered
. •	The state of the s	gritoris on coonen cor losco, i	ionaa olalolos.			
SIGNATURE	Signature, typed or portled name of registered a	agent and little if applicable (NC	D1E: Registered Agent	t signature requ	red when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change Addition
NAME	DULL, ROBERT D		1.2 NAME			
STREET ADDRESS	1562 BIRCHWOOD AVE		1.3 STREET A	DDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34743		1.4 City-St-			
TITLE		DELÉTE	21 TITLE	- 211		☐ Change ☐ Addition
NAME			2.2 NAME	1		,
STREET ADDRESS			2.3 STREET A	nnpece		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY- ST - ZIP			Change Addition
		beere	3.1 TITLE			L cliarige L Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A	1		!
CITY-ST-ZIP		T DELETE.	3.4. CITY - ST	- ZIP		Observe Addition
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET A	DDRESS		
CITY-ST-ZIP	· 		4.4 CITY-S1	- ZIP		
TITLE		L DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	1		1
STREET ADDRESS			5.3 STREET A	ODRESS		
CITY-ST-ZIP		~	5.4 CITY - ST-	- ZIP		
TITLE		☐ DELETE	61 TITLE] _		Change Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET A	DORESS		
CITY-ST-ZIP			6.4 CITY-ST-	. ZIP		
14. Thereby o			for the exemption	on stated in	Section 119.07(3)(i), Florida Statutes. I further of	
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.						