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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000035012 (0)

JIM'S PAINTING OF THE PALM BEACHES, INC.

May 05 1998 8:00am Secretary of State

FILED



Principal Place	e of Business	Mailing Address					316 1161 1461
	KILLIAN DRIVE		317 SOUTH KILLIAN DRIVE				
LAKE PARK FL 33403		LAKE PARK FL 33403		DO NOT WRITE IN THI	C CDACE		
					3. Date Incorporated or Qualified	3 31 AOL	
					05/04/1995		ľ
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		pplied For
27 4664 SUTTON TC/ S.		26 4664 SUTTON TENS.			65-0586173	<u> </u>	ot Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc.					Additional
22 33415		27		5. Certificate of Status Desired		equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23 4 9 3		28 WPD +C			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the c	current year In	tangible
24	25	29 33415	30 8 13		Personal Property Tax due June 30.		No
	9, Name and Address of Curren	nt Registered Agent	81 N		10. Name and Address of New Registere	d Agent	
MICHAUD, JAMES				ame			}
1317 SOUTH KILLIAN DRIVE			82 St	reet Addre	ess (P.O. Box Number is Not Acceptable)		
LAKE PARK FL 33403							
			83				
			84 C	11/		. 85 Zip	Code
				ıy	F		Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the above-na	med corpo	poration submits this statement for the purpose	of changing i	ts registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Horida, Such chan ge w as ations of, Section 607, 050 5, F1	autnorized by the orida Statutes.	corporati	ion's board of directors. I hereby accept the ap-	ppointment as	registered
SIGNATURE	A-Ames to	michael	~	ناحطه		-0.0	[
	Signature, typicd is printed name of registered age		F Registered Agent sig	nature require	ed when reinstaling) DATE		
12.	OFFICERS ANI		13.	···	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	L. DELETE	1.1 TITLE	}		Change	☐ Addition
NAME	MICHAUD, JAMES		1.2 NAME				1
STREET ADDRESS			1.3 STREET ADDR	RESS		4	J.
CITY-ST-ZIP	LAKE PARK FL 33403		1,4 City - St - Zif				
TITLE	VP	DELETE	2.1 TITLE	ļ		☐ Change	Addition
NAME	LOPRIMO, VINCENT		2 2 NAME				!
STREET ADDRESS	610 A PALM AVE		2.3 STREET ADDRESS				J
CITY-ST-ZIP	FT PIERCE FL		2.4 CITY - ST - ZIP				
TITLE	DELETE 3.11		3.1 TITLE			Change	Addition
NAME [3.2 NAME				ĺ
STREET ADDRESS			3.3 STREET ADDR	RESS			ļ
CITY-ST-ZIP			3.4. City - St - Zil	<u> </u>		<u>,</u>	
TITLE		DELETE	4.1 TITLE] _		Change	Addition]
NAME			4. 2 NAME	ŀ			İ
STREET ADDRESS	-		4.3 STREET ADDR	RESS			1
CITY-ST-ZIP			4.4 CITY - ST - ZIF	· _L_			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5 3 STREET ADDR	ress			j
CITY+ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	Į			ĺ
STREET ADDRESS			6 3 STREET ADDR	RESS]
CITY-ST-ZIP			6.4 CITY - ST - ZIP				1
		 					

I nereby 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 informatic 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:

4-26-98 5618634886