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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 25 1997 8:00am

Secretary of State

DOCUMENT # P95000038884 (9)

**ECOPAINTING, INC.** 

Principal Plac	e of Business	Mailin	g Address				1   50   50   115   10   3   10   11   10	(  <b>         </b>	
2175 N. ANDREWS AVE. EXT. SUITE #1 POMPANO BEACH FL 33069		SUITE	2175 N. ANDREWS AVE. EXT. SUITE #1 POMPANO BEACH FL 33069						
							<ol> <li>Date Incorporated or Qualified 05/15/1995</li> </ol>	3a. Date of Las 05/01/199	•
2. Principal P	lace of Business	<b>-</b>	2a. Mailing Address				4. FEI Number		Applied For
21		26					<b>65-0583950</b> Not Applicable		
Suite, Apt.	#, etc.	27					5. Certificate of Status Desired	1 1 7 - 1	5 Additional Required
City & State	е	Cit	City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28	to describe the second control of the second				Trust Fund Contribution	Adde Adde	ed to Fees
Zip	Country	F-n '	Zip Country			8. This corporation has liability for		er s. 199.032,	
24	25	[29]		30		i		Yes X No	
	g, Name and Address of Curre	int Hegistere	a Agent	81	None		10. Name and Address of New Re	gistered Agent	
	ELDS, RICHARD K			61	Name				
	5 N. ANDREWS AVENUE EXT.			82	Street	Addres	s (P.O. Box Number is Not Accepta	ole)	
	TE #1			83					
PON	APANO BEACH FL 33069			53					
	a			84	City			FL 85 Z	'ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1	1508, Florida Statu	ites, the above	e-named	corpor	ation submits this statement for the I	ourpose of changin	g its registered
11. Pursuant to the provincing of Spotions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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, Septon 607.0505, Florida Statutes.									
SIGNATURE	Back to the	Lui						4/12119	7
	Signature, typed or printed name of registered ag	gent and title if ap	plicable (NO	The Registered Age	of signature	per required	when re-instating)	DATE	
12.	COFFICERS AN	ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFI		
TITLE	D DEFLIE			1.1 TITLE		ecident Provincen	123-Chang	ge 🔲 Addition	
NAME	SHIELDS, KATHLEEN			1.2 NAME		24	ields, Kallileen 75 D. Andlews	AUC CA	A .
STREET ADDRESS	4699 N FEDERAL HWY			1.3 STREET	ADDRESS	2	(5 D) Mexicon	E/ 32/	V. 9
CITY-ST-ZIP	POMPANO BEACH FL 33064			1.4 CITY-S	T-ZIP	187	mpaner Beach,		767
TITLE			☐ DELETE	2.1 TITLE				L Chang	ge Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STHEET	ADDRESS				
CITY-ST-ZIP			T beinge	2. 4 CITY-5	ST - ZIP				
TITLE			DELETE	3.1 TITLE				L Chang	ge Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 \$1REFT					
CITY-ST-ZIP			DELETE	3.4. CITY - S	51 · ZIP			Chan	na Addision
TITLE			ניין מנדרונ	4.1 TITLE				[_] Chang	ge Addition
NAME STREET ADDRESS				4. 2 NAME	1000000				
				4.3 STREET					
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-S	1 · ZIP			Chang	ge Addition
NAME			L. DELLIE	5.1 TITLE					to T Vacation
				5.2 NAME	YUUDU OO				
STREET ADDRESS				5.3 STREET					
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - S 6.1 TITLE	1-214			Chang	ge
NAME				6.2 NAME				ELJ Chang	,- <u></u>
STREET ADDRESS					ADDDECC				
GINECI AUUMESS				6.3 STREET	VDDUL99				

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.