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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000039890 (5)

MURPHY PAINTING, INC.

## **FILED** Apr 30 1998 8:00am Secretary of State



| Principal Place                         | of Business             |   |                                 | Mailing Ad                                       | dress                 |            |             |  |                   | ~ <del> </del>   |                            |              |              |           |            |                   |
|---|-------------------------|---|---------------------------------|--|-----------------------|------------|-------------|--|-------------------|------------------|----------------------------|--------------|--------------|-----------|------------|-------------------|
| •                                       |                         |   |                                 | -  |                       |            |             |  |                   |                  |                            |              |              |           |            |                   |
| 2711 SW 3RD ST<br>DELRAY BEACH FL 33445 |                         |   |                                 | 2711 SW 3RD ST<br>DELRAY BEACH FL 33445          |                       |            |             |  | }                 |                  |                            |              |              |           |            |                   |
| SECULIA DENOTIFE SOUTH                  |                         |   |                                 |  | DECINI BENOTIFE 33443 |            |             |  |                   |                  | DO NOT WRITE IN THIS SPACE |              |              |           |            |                   |
|   |                         |   |                                 |  |                       |            |             |  |                   | 3. Date          | Incorporated               | or Qualified |              |           |            |                   |
|   |                         |   |                                 |  |                       |            |             |  |                   | 05/              | 19/1995                    |              |              |           |            |                   |
| 2. Principal Place of Business          |                         |   |                                 | 2a. Mailing Address                              |                       |            |             |  | 4. FEIN           | lumber           |                            |              |              | App       | lied For   |                   |
| 21 3324 LAKEVIEW DR                     |                         |   |                                 | 26 337424KEVIEW DR                               |                       |            |             |  | 65                | -0583844         | ··                         |              | _Ĺ           | Not       | Applicable |                   |
| Suite, Apt. 6                           | #, etc.                 |   |                                 | Suite, A   | pt.#, etc.            |            |             |  |                   | [                | ficate of Status           | Desired      |              |           |            | ditional          |
| 22                                      |                         |   |                                 | 27   |                       |            |             |  |                   | <b>J.</b> 031111 |                            |              |              | Fe        | e Req      | uired             |
| City & State                            | ٠ ا                     | D/  |                                 | City & S   |                       |            | FL          |  |                   | 1                | ion Campaign               | _            |              |           |            | lay Be            |
| 23 DELKA                                | 4 BCh                   | FL  |                                 | 28 DELIC   | ay Bcb                |            |             |  |                   |                  | Fund Contribu              |              | <u> </u>     |           | ded to     |                   |
| 2244                                    | اسن                     | Country   | 200                             | 200  | 15-                   | <u> </u>   | Country     | y  | Seed              | 8. This          | corporation ov             |              |              |           |            |                   |
| 24 3244                                 |                         |   | BEACL                           | 29 3244<br>Registered Ag                         |                       | 30         | 140         | au   | BEACH             | Perso            | onal Property T            |              |              | Yes       | 74         | No.               |
|   |                         |   |                                 |  |                       |            | 81          | Т.   | Name              | 10. Nam          | e and Addres               | 8 OI New I   | registered A | gent      |            |                   |
|   |                         |   | ence J SP                       | iegel Chrt                                       | D                     |            | "           | Ί.   | Name              |                  |                            |              |              |           |            |                   |
|   |                         |   |                                 |  |                       |            | 82          | 2 Street Address (P.O. Box Number is Not Acceptable) |                   |                  |                            |              |              |           |            |                   |
| COI                                     | ral gable               | S FL 33134  | 1                               |  |                       |            |             | ļ  |                   |                  |                            |              |              |           |            |                   |
|   |                         |   |                                 |  |                       |            | 83          | 1  |                   |                  |                            |              |              |           |            |                   |
|   |                         |   |                                 |  |                       |            | 84          | 10   | City              |                  |                            |              |              | 85        | Zip C      | ode               |
| ···                                     |                         | · · · · · <del>· · · · · · · · · · · · · · </del> |                                 |  |                       |            |             | L  | <u> </u>          |                  |                            |              | FL           | 1.1       |            |                   |
| 11. Pursuant t                          | o <b>the</b> provisio   | ons of Section                                    | ns 607.0502 a<br>n the State of | and 607.1508,<br>Florida Such                    | Florida Statut        | les, the   | e abovi     | e-n  | named corpo       | oration subt     | mits this stater           | nent for the | purpose of   | chang     | ing its    | registered        |
| agent, I ar                             | n <b>fa</b> miliar with | , and accep                                       | of the obligation               | ons of, Section                                  | 607.0505, FI          | orida      | Statute     | ıs.  | по вограгия       |                  | or omedicions.             | ioroby acc   | opi ino uppe | ,, to the | it do it   | giotorea          |
| SIGNATURE                               |                         |   |                                 |  |                       |            |             |  |                   |                  |                            |              |              |           |            |                   |
|   | Signature, typed o      |   |                                 | and title if applicable                          | (NOT                  |            |             | eni s  | signature require | ed when reinstat |                            |              | DATE         |           |            |                   |
| 12.                                     |                         | OFF   | ICERS AND                       | · <del> · · · · · · · · · · · · · · · · · </del> | DELETE                | _          | 13.         |  |                   | ADDIT            | IONS/CHANG                 | ES TO OF     |              | _         |            |                   |
| TITLE                                   | PSTD                    |   |                                 | ι  | DELETE                |            | .1 TITLE    |  | 1                 |                  |                            |              | 1            | Cha       | nge        | Addition          |
| NAME                                    |                         | , WALTER .  |                                 |  |                       | 1          | .2 NAME     |  | ]                 |                  |                            |              |              |           |            |                   |
| STREET ADDRESS                          |                         |   | e, unit 309                     | )  |                       | 1          | .3 STREE1   | T ADI  | DRESS             |                  |                            |              |              |           |            |                   |
| CITY-ST-ZIP                             | DEERFIE                 | <u>LD BEACH</u>                                   | FL 33441                        |  |                       | 1          | .4 CITY - 9 | ST - Z   | ZIP               |                  |                            |              |              |           |            |                   |
| TITLE                                   |                         |   |                                 | Į.   | DELETE                | 2          | A TITLE     |  | -                 |                  |                            |              | ļ            | Cha       | nge        | Addition          |
| NAME                                    |                         |   |                                 |  |                       | 2          | 2 NAME      |  |                   |                  |                            |              |              |           |            |                   |
| STREET ADDRESS                          |                         |   |                                 |  |                       | 2          | 3 STREET    | t adi  | DRESS             |                  |                            |              |              |           |            |                   |
| CITY-ST-ZIP                             |                         |   |                                 |  |                       | 2          | . 4 CITY-1  | \$1-2  | ZIP               |                  |                            |              |              |           |            |                   |
| TITLE                                   |                         |   |                                 | Į  | ] DELETE              | 3          | .1 TITLE    |  | İ                 |                  |                            |              |              | Cha       | nge        | Addition Addition |
| NAME                                    |                         |   |                                 |  |                       | 3          | .2 NAME     |  | - 1               |                  |                            |              |              |           |            |                   |
| STREET ADDRESS                          |                         |   |                                 |  |                       | 3          | .3 STREET   | t adi  | Dress             |                  |                            |              |              |           |            |                   |
| CITY-\$1-ZIP                            |                         |   |                                 |  |                       | 3          | 4. CITY-    | ST-  | ZIP               |                  |                            |              |              |           |            |                   |
| TITLE                                   |                         |   |                                 |  | DELETE                | 4          | .1 TITLE    |  |                   |                  |                            |              |              | Cha       | nge        | Addition          |
| NAME                                    |                         |   |                                 |  |                       | 4          | . 2 NAME    |  |                   |                  |                            |              |              |           |            |                   |
| STREET ADDRESS                          |                         |   |                                 |  |                       | <b>1</b> 4 | .3 STREET   | T ADI  | DRESS             |                  |                            |              |              |           |            |                   |
| CITY-ST-ZIP                             |                         |   |                                 |  |                       | 4          | 4 City-S    | ST-Z   | ZIP               |                  |                            |              |              |           |            |                   |
| TITLE                                   |                         |   |                                 | ·  | DELETE                |            | 1 TITLE     |  |                   |                  |                            | <del></del>  |              | Cha       | nge        | Addition          |
| NAME                                    |                         |   |                                 |  |                       | 5          | 2 NAME      |  |                   |                  |                            |              |              |           |            |                   |
| STREET ADDRESS                          |                         |   |                                 |  |                       | 5          | .3 STREET   | T ADI  | DRESS             |                  |                            |              |              |           |            |                   |
| CITY-ST-ZIP                             |                         |   |                                 |  |                       |            | 4 CITY-S    |  | 1                 |                  |                            |              |              |           |            |                   |
| TITLE                                   |                         |   |                                 |  | DELETE                | _          | 1 TITLE     | ٠. ۴   |                   |                  |                            |              |              | Cha       | nge        | Addition          |
| NAME                                    |                         |   |                                 | •  |                       | •          | .2 NAME     |  |                   |                  |                            |              | •            |           | •          |                   |
| STREET ADDRESS                          |                         |   |                                 |  |                       |            | .3 STREET   |  | DDECC             |                  |                            |              |              |           |            |                   |
| CITY-ST-ZIP                             |                         |   |                                 |  |                       |            |             |  | l l               |                  |                            |              |              |           |            |                   |
| 14. I hereby co                         | ertify that the         | information                                       | upplied with                    | this filing does                                 | not qualify fo        |            | 4 CITY-S    |  |                   | Section 119      | 07(3)(i) Florin            | a Statutes   | Liuriber cer | ify the   | t the in   | formation         |
| indicated a                             |                         | a normanoli s                                     | o o proprincia i YYEU I         | ana maig uous                                    | - ook quality II      | UI 1111    | - vomb      | الإبار   | oraceo iii e      | COUNTING 119     | عدر درازی اصلاح            | a Signifies  | Truminal Cal | ary IIId  | . 1110 11  | indicipation      |

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 truster smpowered 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 or an attachment with an address.

GNATURE: 

4-23-58 561-638-837.7