## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name P95000052289 (2)

ACCU-PAINTING, INC.

Principal Place of Business

Mailing Address

7671 INDIAN RIDGE TRAIL S KISSIMMEE FL 34747

7671 INDIAN RIDGE TRAIL S KISSIMMEE FL 34747



|   |                             |   |                                      |  |               |         |   | 3        | <ol> <li>Date Incorporated or 9<br/>06/30/1995</li> </ol>             | Qualified  | 3a. Dat              | e of Last Ro                  | port           |  |
|---|-----------------------------|---|--------------------------------------|--|---------------|---------|---|----------|---|------------|----------------------|-------------------------------|----------------|--|
| 2. Principal Pla                              | ce of Busine                | 220   | 2a. Mail                             | 2a. Mailing Address                        |               |         |   | 4        | L FELNumber   |            |                      |                               | pplied For     |  |
| 21  |                             |   | 26                                   |  |               |         |   |          | 65-05   | 7.53       | 86                   | 1                             | lot Applicable |  |
| Suite, Apt. #                                 | . etc.                      |   |                                      | Suite, Apt. #, etc.                        |               |         |   |          |   |            |                      | \$8.75                        | Additional     |  |
| 22  | , 0.00                      |   |                                      | 27   |               |         |   | 5        | <ol><li>Certificate of Status D</li></ol>                             | esirea     | L                    |                               | lequired       |  |
| City & State                                  |                             |   |                                      | City & State                               |               |         |   | 6        | 6. Election Campaign Fir  | nancing    |                      | \$5.00                        | May Be         |  |
| 23  |                             |   | 28                                   | 28   |               |         |   |          | Trust Fund Contribution   | on         |                      | Added                         | to Fees        |  |
| Zip   | Zip Country Zip             |   |                                      |  |               | Country |   |          | 8. This corporation has liability for intangible tax under s 199.032, |            |                      |                               |                |  |
| 24 25 29 30                                   |                             |   |                                      |  |               |         | Florida Statutes 💢 Yes 🗌 No                           |          |   |            |                      |                               |                |  |
|   | 9. Name                     | and Address of Cu   | rrent Registered                     | i Agent                                    |               |         |   | 10       | <ol><li>Name and Address</li></ol>                                    | of New R   | egistered            | Agent                         |                |  |
|   |                             |   |                                      |  |               | 81      | Name  |          |   |            |                      |                               |                |  |
| KOTOWICZ, EDWARD<br>7671 INDIAN RIDGE TRAIL S |                             |   |                                      |  |               |         | 82 Street Address (P.O. Box Number is Not Acceptable) |          |   |            |                      |                               |                |  |
|   |                             |   |                                      |  |               |         | OF OF DOT LITTING TO LAST LOCALIDADE                  |          |   |            |                      |                               |                |  |
| KISSIMMEE FL 34747                            |                             |   |                                      |  |               |         |   |          |   |            |                      |                               |                |  |
| 1100111111                                    | LL 1 L 01                   | ,   |                                      |  |               |         |   |          |   |            |                      | Tag 1 3.                      | O 4            |  |
| ĺ   |                             |   |                                      |  |               | 84      | City  |          |   |            | FI                   | _ <b> 85</b>   Zq             | Code           |  |
| or registere<br>familiar wit<br>SIGNATURE     | ed agent, or<br>h, and acce | ons of Sections 607.0 both, in the State of F pt the obligations of 5 or printed name of registered | Torida. Such cha<br>Section 607.0505 | rige was authorize<br>i, Florida Statutes. | nd by the c   | corpo   | named corpo<br>oration's boa<br>Tsignature require    | ard of   | submits this statement<br>directors. I hereby accep                   | or the pur | pose of crointment a | ranging its f<br>s registered | agent, I am    |  |
| 12.   | aignature, typec            |   | AND DIRECTOR                         |  | 13.           |         | - and the control                                     |          | ADDITIONS/CHANGE  | S TO OFF   |                      | D DIRECTO                     | RS IN 12       |  |
| TITLE   |                             | OFFICE  | ANS DIRECTOR                         | DELETE                                     | 111           | III F   |   | D        |   |            |                      |                               |                |  |
|   |                             |   |                                      |  | 1.2 N/        |         | \hat{\sigma}  | MA       | RIA KOTO  | WICZ       | 2                    |                               | -              |  |
| NAME  |                             |   |                                      |  |               |         | ADDRESS 7   | 74.7     | I INDIAN  | RIL        | GE I                 | TRAIL                         | <i>3</i> :     |  |
| STREET ADORESS                                |                             |   |                                      |  |               |         | ADUM 33   | L        | CSIMMEE   | EL         | 34                   | 747                           |                |  |
| CITY-ST-ZIP                                   |                             |   |                                      | [ ] DELETE                                 | 2. 1 T        |         | ST-ZIP  | <u>~</u> | 337 MINIER  |            |                      | Change                        | Addition       |  |
| TITLE   |                             |   |                                      | Пиш  | 2.11<br>2.2 N |         | 1   |          | RIA KOTO<br>I INDIAN<br>SSIMMEE,<br>WARD KO<br>II INDIA<br>ISIMMEE,   | T          |                      | change                        | 1.00           |  |
| NAME  |                             |   |                                      |  |               |         |   | ED       | WARD KO   | 1000       | 100                  | TOA                           | ٦. ،،          |  |
| STREET ADDRESS                                |                             |   |                                      |  |               |         | ADDRESS 7   | 767      | INDIA   | انكارس     | 200                  | 7KA1                          | _ 0.           |  |
| CITY-ST-ZIP                                   |                             |   |                                      | E3 DELLA                                   |               |         | ST-ZIP  | KIS      | S/MMEE,   | PL         | 7 د                  | Change                        | ☐ Addition     |  |
| TITLE   |                             |   |                                      | DELETE                                     | 3 1 1         |         |   |          |   |            |                      | [] Onlings                    | L_J Addition   |  |
| NAME  |                             |   |                                      |  | 32 N          |         |   |          |   |            |                      |                               |                |  |
| STREET ADDRESS                                |                             |   |                                      |  |               |         | T ADDRESS   |          |   |            |                      |                               |                |  |
| CITY-ST-ZIP                                   |                             |   |                                      |  |               |         | ST-ZIP  |          |   |            |                      | C) Charac                     | Addition       |  |
| TITLE   |                             |   |                                      | DELETE                                     | 4.11          |         |   |          |   |            |                      | Change                        | Addition       |  |
| NAME  |                             |   |                                      |  | 4.2 N         |         |   |          |   |            |                      |                               |                |  |
| STREET ADDRESS                                |                             |   |                                      |  | 4.3 S         | 1REE I  | I ADDRESS   |          |   |            |                      |                               |                |  |
| CITY-ST-ZIP                                   |                             |   |                                      |  |               |         | ST-ZIP  |          |   |            |                      | F-1 0:                        | Freq. 4 1 10-1 |  |
| TITLE   |                             |   |                                      | DELETE                                     | 5 1 T         | TLE     |   |          |   |            |                      | Change                        | Addition       |  |
| NAME  |                             |   |                                      |  | 5 2 N         | AME     |   |          |   |            |                      |                               |                |  |
| STREET ADDRESS                                |                             |   |                                      |  | 5 3 S         | THEET   | T ADDRESS   |          |   |            |                      |                               |                |  |
| CITY-ST-ZIP                                   |                             |   |                                      |  | 54C           | ITY-5   | ST-ZIP  |          |   |            |                      |                               |                |  |
| TITLE   |                             |   |                                      | DELETE                                     | 6 1 1         | ITLE    |   |          |   |            |                      | Change                        | Addition       |  |
| NAME  |                             |   |                                      |  | 62 N          | AME     |   |          |   |            |                      |                               |                |  |
| STREET ADDRESS                                |                             |   |                                      |  | 6.3 S         | TREET   | T ADDRESS   |          |   |            |                      |                               |                |  |
| CITY-ST-ZIP                                   |                             |   |                                      |  | 640           | ITY - 9 | ST-ZIP  |          |   |            |                      |                               |                |  |
| 14 t do borob                                 | y cortify the               | t the information supr  | hed with this filing                 | n is voluntarily furn                      |               |         |   | y for th | ne exemption stated in S  | ection 119 | .07(3)(k), F         | lorida Statu                  | tes. I further |  |

For increase certain that the information supplied with this liting is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. Hurther certify that the information indicated on this annual report or suppliemental 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 on on attachment with an address.

SIGNATURE)

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$17/96 (407) 396-7966