SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # P9500

P95000055678 (3)

Mailing Address

DTC	DAINTING	AND C	LEVINIC	INC

200 ST ANDREWS BLVD UNIT 412 WINTER PARK FL 32792		200 ST ANDREWS BLVD UNIT 412 WINTER PARK FL 32792			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				07/18/1995	N/A
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number - TAXPAYER T	Applied For
21] 431 ¹⁰ 5t		26 931 N. State	RO 434	59-3329389	Not Applicable
Suite, Apt #	ŧ, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional
22 1201-268		27 1201-268		Continued of Citation Desired	Fee Required
City & State	ENE Springs	City & State 28 Planework	prings	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation has liability for in	ntangible tax under s. 199 032.
24 32714	25 USA		30 USA	Florida Statutes	Yes χ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	istered Agent
ROC	ORIGUEZ, PABLO		81 Name		
	1/2 S BUMBY		82 Street A	ddress (P.O. Box Number is Not Acceptable	9)
ORL	ANDO FL 32803				
			63	SAMe	
			84 City	2171116	85 Zip Code
			,		FL
 Pursuant to office or re- 	o the provisions of Sections 607,0502 pristered agent, or both, in the State (Pland 607,1508 Florida Statutes	. The above-named or	orporation submits this statement for the pur ration's board of directors. Thereby accept t	pose of changing its registered
agent. I an	familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes	ration's board of directors. Enerepy accept (ne appointment as registered
SIGNATURE /	Total 1 The	eles Robiet	T. Hallec	VICE Presiporit	814191
Ç					DAT:
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	···
TITLE	• ••	DELETE	1 1 TITLE	PO	Change Addition
NAME	TORRES, JERRY J	* 446	1.2 NAME	Teffrey J. Torres 931 10. State RD. 434 Suit	
STREET ADDRESS	200 ST ANDREWS BLVD UNIT	412	1.3 STREET ADORESS	931 10 Strite RD 434 Sund	te # 1201-268
CITY - ST - ZIP	WINTER PARK FL 32792	D. D. C. C. C.	1.4 CITY · ST - ZIP	Allamoute Springs, FL 3	
TITLE	VD	DELETE	21 TITLE	A D	Change Addition
NAME	HALLER, ROBERT T 200 ST ANDREWS BLVD UNIT	1.440	: 22 NAME	Robert T. HAller	
STREET ADDRESS		412		931 No. State RD . 434 S	
CITY-ST-ZIP TITLE	WINTER PARK FL 32792	DELETE	2 4 CITY - ST - ZIP	Altomorate Springs, FL	32714
ļ		[] DETELE	3 1 THTLE	•	Change Addition
NAME			3 2 NAME		!
STREET ADDRESS			3 3 STHEET ADDRESS		
TITLE		DELETE	3.4 CITY-ST-ZIP		Change Town Assess
NAME		DOLOG	4 1 TITLE		Change Addition
			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	44 CHY-ST-ZIP 51 Title		Channe
NAME			1		Change Addition
STREET ADDRESS			52 NAME		
CITY - ST - ZIP			5 3 STREET ADDRESS		
TITLE		DELETE	54 CITY - ST - ZIP 61 TILLE		Chaga Adarias
NAME		L. Dentil	62 NAME		Change Addition
STREET ADORESS			J .		
1			6.3 STREET ADDRESS		
14. I do hereby	certify that the information supplied	with this filing is voluntarily forni	64 City-St-ZiP	ualify for the exemption stated in Section 11	0.07(3)(k) Florido Statutos I
made unde	lity triat the information indicated on t	this annual report or supplement r of the corporation or the receiv	tal annual report is tru er or trustee empowe	uality for the exemption stated in Section 1.1 be and accurate and that my signature shall ered to execute this report as required by Cr	have the earne local offect as if

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR OFFICETOR Y LE PRESIDENT DOTO 8/4/96 (401)315 7868