## 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

ANNUAL REPOR **1996** 

DOCUMENT # P95000057175 (8)
1. Corporation Name

MONTAGNARI PAINTING, INC.

Principal Place of Business	Mailing Address	
2033 ADAMS STREET HOLLYWOD FL 33020	2033 ADAMS STREET HOLLYWOD FL 33020	



2033 ADAMS STREET HOLLYWOD FL 33020		2033 ADAMS STREET HOLLYWOD FL 33020		Date Incorporated or Qualified     3a. Date of Last Report     07/21/1995				
2. Principal Plac	no of Queinons	2a, Mailing Address			4, FEI Number	<del></del>	Applied For	
		26 × 25377h	nus Sto	4	15-0589310	<u> </u>	Not Applicable	
Suite, Apt #, etc.         Suite, Apt           22         27           City & State         City & State		Suite, Apt. #, etc	Suite, Apt. #, etc		Certificate of Status Desired	T -	8.75 Additional Fee Required	
		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip /	Country	Zip 29 33020	Coun 30 Bro	ward.		□ No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New F	legistered Agent	t	
2033 AL	gnari, William J Dams Street Nod Fl 33020		1	253/	ress (P.O. Box Nuniber is Not Acceptat Thomas Street			
or registere familiar with	o the provisions of Sections 607.05 d agent, or both, in the State of Fi n, and accept the obligations of, Sc	anda. Such change was auth	atules, the abov	Gity e-named corpor proration's boa	ration submits this statement for the pured of directors. Thereby accept the app	FL 85 rpose of changing contraent as regist	Zip Code 33020 its registered office fered agent. I am	
SIGNATURE	ignatine, typed or protect name of registered by	en ach tile it applicat F	(NOVE Beginhered)	ស្តាល់ ទញ្ជាល់ Jie Ke Juru		DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TIFLE	PSVT	DELETE	1 130	1		Cna	ange 🔲 Add tion	
NAME	MONTAGNARI, WILLIAM .	)	1.2 NA					
STREET ADDRESS	2033 ADAMS STREET			EET ADORESS				
CITY · ST · ŽIP	HOLLYWOD FL 33020	F"\ DC: ETC		Y - ST - ZIP		□ Ch	ange Addition	
TITLE		DELETE	2 1 Til	I .		L) (//	ange Negation	
NAME			2 2 NA					
STREET ADDRESS				REET ADOPESS				
CITY-ST-ZIP		DELETE	3 1 Tr	Y-ST-Z0F		∏ Cn:	ange Addition	
Trille			3 2 NA					
NAME STREET ADDRESS				REEL ADDRESS				
CITY-ST-ZIP				Y - S1 - ZIF				
TITLE		☐ DELETE	4 † TI	·		☐ Ch	ange 🔲 Addition	
NAME		<del></del>	4.2 NA	ME				
STREET ADDRESS			4351	REET ADDRESS				
CITY-ST-ZIP			4.4 C	y - ST - ZIP				
TITLE		☐ DELETE	5 1 JI	'LE		☐ Cr	ange Addition	
NAME			5.2 N	ME				
STREET ADDRESS			<b>5</b> 3 ST	REET ADDRESS				
CITY - ST - ZIP			5 4 01	IY SI-ZIP				
TITLE		DELETE	6 1 1	TLF		☐ Cr	nange	
NAME			6 2 NA	ME				
STREET ADDRESS			6351	HEET ADDRESS				
CITY - ST - ZIP			64 CI	Y-ST-ZIP				

14. If do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE

Williams . Montey
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytose Photoc #

CR2E034 (12/95)