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

DOCUMENT # P95000072275 (7)

PAINTER PLUS INC.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

Ross

26

Principal Place of Business **2710 N 62ND AVENUE HOLLYWOOD FL 33024**

2. Principal Place of Business

Sulte, Apt. #, etc.

2710 N 62ND AVENUE HOLLYWOOD FL 33024-2106

FILED Apr 02 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

04/08/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

09/19/1995

65-0612804

4. FEI Number

2				27	27						ециса	e or Start	is Desire	90	4	Fee Re	equired
City & State			City 8	City & State					6. EI	lection (Campalg	n Financ	ing		\$5,00	May Bo	
23	<u> </u>			28	and a contract of the contract						rust Fur	d Contrit	oution			Added t	to Fees
Zip	oʻ.	<u> </u> _	Country	Zip	ļ. 	Coun	ıtry						as liabili			tax under s	. 199.032,
24	<u> </u>	2	5] nd Address of Curre	[29]	30	<u> </u>					lorida S				Yes [
	400		81	Name ACOSTA FANNY, S.													
ACOSTA, FANNY S									\mathcal{A}	160	157	A	F	BN	109	<u>, </u>	
1823 JACKSON ST.							82	Street.	Addres	s (P.O	Box N	lumber is 62	Not Acc	eptable))		
HOLLYWOOD FL 33020										0	10	62		NU	20	45	
PART HOLLITOUR I'L GOVEN																	
							B4	City of	$T_{\alpha i}$	10	,					85 Zip (
11. P	ursuant	to the provisio	ns of Sections 607.05	02 and 607 150	8 Florida Statutes	the abo	nve-	named	corpor	ation s	ov o	this state	ement for	r the pul	roose e		024 s registered
. 0	office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.																
Signature Signature, typed or priviled name of registered agent, and title if applicable. (NOT: Registered Agent signature required when rehalating) DATE																	
12.		 	OFFICERS AN	D DIRECTORS		13.			i>							DIRECTOR	S IN 12
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CITY-SI	T-ZIP					6.4 CITY	r-\$1.	ZIP									1
14.	do heret	by certify that t	he information supplied this annual report or	d with this filing	does not qualify f	or the e	xem	ption s	tated in	Secti	on 119.	07(3)(i), i	Florida S	tatutes	Lifurthe	r certify that	the
. 1	am an o	officer or directe	or of the corporation o	r the receiver o	r trustee empowerd	ed to ex	acura (ecu)	are and te this r	eport a	ıy sıgn is requ	ature st aired by	iaii nave Chapter	607, Flo	c iegai e irida Sta	enect as stutes; a	s ii made und ind that my n	aer oarr; mat lame
, a	ppears i	in Block 12 or l	Block 13 if changed o	or on an altachn	nont with an addre	88.						/ /					[