

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 MAR -1 AM 10:27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000075714

1. Corporation Name

SPECTRUM PAINTING + WALLPAPERING, INC.

Principal Place of Business

Mailing Address

5191 SW 109th AVE FORT LAUDERDALE FLORIDA 33328

SAME AS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

OCT-2-1995

4. FEI Number

65-0617659

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax

Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

LINDSEY ALBERT. 5191 SW 109 AVE. Ft Laud FL 33328

2a. Mailing Address

26

Suite, Apt #, etc

27

City & State

28

Zip

Country

29

30

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

L. Albert

President

(NOTE: Registered Agent Signature is printed below)

FEB-19-99

12. OFFICERS AND DIRECTORS

TITLE [ ] DELETE

NAME David Albert

STREET ADDRESS 5191 SW 109 ave.

CITY-ST-ZIP Ft Laud FL 33328

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Address

[ ] Change [ ] Address

4000002798914--0 -03/09/99--01031--012

\*\*\*\*150.00 \*\*\*\*150.00

[ ] Change [ ] Address

[ ] Change [ ] Address

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Albert

FEB-19-99

(954) 252-0345

CR2E034 (11/98)