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| PROFIT CORPORATION ANNUAL REPORT | | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | | | | |
| DOCUN | 1996 //FNT # | P95000 | 076077 (3 | | | | | | | | |
| 1. Corporation | Name | | • | • | | | | | | | |
| AFFUK | Dable Paint | & BUDY SHUP | of Northwooi | J, ING. | | | | | | | |
| Principal Place of Business 4597 NORTH UNIVESITY DRIVE LAUDERHILL FL 33351 | | | Mailing Address 4597 NORTH UNIVESITY DRIVE LAUDERHILL FL 33351 | | | | { | IIO LAIOF OFFIC AQUI OBIH | ENEIL UNILL IURIE U | FILE 48 000 | IU 844 FU 91 FU 91 |
| | | | | | | | 3. Date Incorp 10/03/1 | orated or Qualified | 3a. Date of | Last Re | port |
| 2. Principal Pla 21 534 | ce of Business | st | 2a. Mailing Address 26 145 5 | . Con | avoss f | ve | 4. FEI Numbe | 610720 | | | pplied For lot Applicable |
| Suite, Apt. # | | | Suite, Apt. #, etc. | | J | , Te To a l | 5. Certificate d | of Status Desired | | | Additional tequired |
| City & State 23 W. VA | m Bch 71 | 22/1AM | City & State 28 Delray B | che. | 71 | | | mpa:gn Financing Contribution | | \$5.00 | May Be to Fees |
| 24 334 (| | USA VSA | 20 33445 | Co 30 | untry VSI | A | This corpor Florida Stat | ation has liability for i utes 🛛 🗌 Yes | ntangible tax u No | nder s | 199.032, |
| | 9 Name and A | ddress of Current R | egistered Agent | ····. | 81 Name | | 10. Name and | Address of New R | egistered Age | ont | |
| HANDIN, | | | | | 82 Street | Addres | s (P.O. Box Nun | ber is Not Acceptab | le) | | { |
| | rth Universit Hill FL 33351 | y drive | | | 83 | | | | | | |
| | | | | | 84 City | | | | EI 8 | 15 Zip | Code |
| 11. Pursuant to | o the provisions of (| Sections 607.0502 and the State of Florida | d 607.1508, Florida Statu Such change was authori | tes, the at | iove-named c | orporati | ion submits this : of directors. The | statement for the pur | pose of changi | ng its re | gistered office |
| familiar witi | | | 607.0505, Florida Statute | | 00100100110 | 00010 | or directors. The | | sinoneni us reg | 10(0/00 | agon: y any |
| SIGNATURE | Signature, typed or printed | name of registered agent and OFFICERS AND D | | OTE: Registera 13. | orl Agen Esignature | egned w | | CHANGES TO OFF | | | 2S IN 12 |
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| NAME | PAFFORD, CL 534 25TH ST | | | _ | NAME | 15+ | Ame) | | | | |
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| NAME | | | | 6.2 | NAME | | | | | | |
| STREET ADDRESS | | | | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP 14. I do hereby | certify that the info | prmation supplied with | this filing is voluntarily fur | nished and | 201Y-ST-ZIP I does not qui | l alify for | the exemption s | ated in Section 119. | 07(3)(k), Florida | Statute | es. I further |
| oath; that I | am an officer or dir | rector of the corporati | eport or supplemental ani on or the receiver or trust- in attachment with an add | ee empow | | | | | | | |
| appears in SIGNAT | URE: | in S | n attachment with an add | C | urks | Pr | HFORD | 3-1-96 | (407); | 176- | 6149 |
| | SIGN | ATURE AND TYPED OR PRI | NTED NAME OF SIGNING OFFIC | ER OR DIREC | CTOR | | | Date | Daytin | e Phone # | |