

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  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90052 035 \*\*\*150.00

DOCUMENT # P95000081653

1. Corporation Name

MODERN PAINT AND WALLPAPER CO.

Principal Place of Business

1013 EAST 52ND ST.  
HIALEAH FL

Mailing Address

1013 EAST 52ND ST.  
HIALEAH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1995

4. FEI Number

65-0633155

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADSHAW LOTSPEICH, P.A.  
950 S. MIAMI AVE  
MIAMI FL 33130-4121

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME LOTSPEICH, BRADSHAW  
STREET ADDRESS 950 S. MIAMI AVE.  
CITY-ST-ZIP MIAMI FL 33130

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME COCHRAN, ROBERT F  
STREET ADDRESS 951 S.W. 99TH AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33025

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME RODRIGUEZ, TERRI D  
STREET ADDRESS 17635 N.W. 85 AVE.  
CITY-ST-ZIP HIALEAH FL 33015

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME LAZENBY, JERRY L  
STREET ADDRESS #4 PINETUCKETT  
CITY-ST-ZIP HOPE HULL AL 36043

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SOUTHERS, TONI A  
STREET ADDRESS 6221 S. 33RD ST.  
CITY-ST-ZIP MIRAMAR FL 33023

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 REQUIRED

4/28/99

305-681-3571

Date

Daytime Phone #

CR2E034 (1/98)

0128793