FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mortham
Secretary of State

	1996	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N OF CORPORATIONS		
1. Corporation	Name	00085991	(4)		
ANDRE	E AND SONS PAINTING,	INC.			
Principal Place of Business		Mailing Address	• • • • • • • • • • • • • • • • • • • •	E DEBINDON (18 DONES BANKO DAKAL ODILE	ADDIE BOIDT KOIDE ONING TEETO TOTOT TIET HOUSE
8689 SW 51ST STREET COOPER CITY FL 33328		8689 SW 51ST S			
COUPER OII	1 FL 33320	COOPER CITY FI	. 33328		
				3. Date Incorporated or Qualified 11/08/1995	3a. Date of Last Report
2. Principa! Place of Business		2a. Maling Address		4. FEI Number 65-06/368	Applied For
Suite, Apt #, etc.		Suite, Apt. #, etc.		65-06/260	
2		27 Stille, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 Nav Ba
7		28		Trust Fund Contribution	Added to Fees
Zip I	Country 25	Z _(p)	Country 30	8. This corporation has liability for in Florida Statutes Yes	ntang ble tax under s. 199,032,
1	9. Name and Address of Curr			10. Name and Address of New Ro	
			81 Name		
LAFLECHE, CAROL L				Address (P.O. Box Number is Not Acceptable)	
	51ST STREET				
COOPER	R CITY FL 33328		83		
			84 City		FI 85 Zip Code
SIGNATURE	Signative Typic Lemporation maps of registerior sig	erturs/the Espainare	(CPM). Hely sterio Aucht Signative resi	ated War Trestaling	DATE
12.	OFFICERS A	ND D'RECTORS	13.	ADDITIONS/CHANGES TO OFFI	
HLE IAME	LAFLECHE, ANDRE	☐ DELETE	1 1 FIFLE		Change Addition
TREET ADDRESS	8689 SW 51ST STREET		1.2 NAME 1.3 STREET ADURESS		
SITY-SI-ZIP	COOPER CITY FL 33328		1.4 C(TY-ST-Z)P		
TLE	D	DELETE	2 11116		Change Addition
AME	LAFLECHE, CAROLE L		2.2 NAME		
TREFT ADDRESS	8689 SW 51ST STREET		2.3 STREET ADDRESS		
FTY - ST - ZIP	COOPER CITY FL 33328		2.4 CI*Y - \$1 - ZIP		
ITLE IABAT		DELETE	3) TITLE		Change Addition
AME TREET ADDRESS			3.2 NAME		
DITY-ST-ZIP			3.3 STREET ADDRESS		
ITLE		DEL FTE	3.4 CHY - ST - ZiP 4.1 TITLE		Change Addition
IAME		-	4.2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
ITY - ST - 7iP		WA	4.4 C(T) - S1 - Z(P)		
ITLE		DELETE	5 1 TITLE		Change Addition
AME			5 2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
ITLE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
IAME			6 2 NAME		CriangeAboutton
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing 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 arinual 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (954) 680-2966

CR2E034 (12/95)