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CORPORATION ANNUAL REPORT



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

1996

Principal Place of Business

P95000097825 (0) **DOCUMENT #**

Mailing Address

MACTED	A A A INSTERNATION	0	DAILOTING CO.	
MASIER	MAINTENANCE	a	PAINTING, CO.	

P O BOX 4441 P O BOX 4441 **BOYNTON BEACH FL 33424 BOYNTON BEACH FL 33424** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/28/1995 4. FEI Numbe 2a. Mailing Address 2. Principal Place of Business 65-0634 21 7009 CONAL CT. Not Applicable 26 \$8.75 Additional Suite Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be City & State BOYNTON BLU. FL. Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032 Z_{Ω} Count v Flor da Statutes Yes No 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AI Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 NW 16TH ST 83 FT LAUDERDALE FL 33311 85 Zip Code City 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 co-poration'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 (NOTE Registered Alum signifian required when is a statistic Signatine, typed or printed hank of roy the education of the diagnostration ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1700 TITLE ENIC HULBEAT CR2E034 1.2 NAN : **HULBERT, JAMES** NAME 1009 CONAL CT. 1009 CORAL COURT 1.3 STREET ADDRESS STREET ADDRESS BOYNTON BULL FC. 33426 **BOYNTON BEACH FL 33426** 1.4 CHY - ST - ZIP CITY-ST-ZiP Change ☐ Addition □ DELETE 2 1 TITLE TITLE 2.2 NAN E NAME 2.3 STR ET ADORESS STREET ADDRESS 2.4 CITN - ST-ZIP CITY - ST - 7IP ☐ Change Addition () DELETE 3 1 TiT. E TITLE 32 NAN E NAME 3.3 SPERELADORESS STREET ADDRESS CITY-ST-ZIP 3.4 CIT1 S1 - ZIF DELETE 4 1111 ☐ Change ☐ Addition TITLE 4.2 NAME NAME 4.3 STR ELADDRESS STREET ADDRESS 4.4 CIT: +S1-7iP CITY - ST. ZIP Change ☐ Addition DELETE 5 1 TIT E TITLE 5.2 NAME 5.3 STF. E1 ADDRESS STREET ADDRESS 5.4 CIT - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 111 5 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CIT : - ST - ZiP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and coes not qualify for the exemption stated in Section 119.07(3)(k), 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 trusted enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 131 chapter 5, or in an attachment with arrandness.

SIGNATURE:

J. H. HULBANT 4-19-96 407-734-0463