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

PROFIT CORPORATION ANNUAL REPORT

NNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600004235 (3)

## FILED Apr 15 1998 8:00am Secretary of State

NON-S	STOP PAINTING, INC.				
Principal Place of Business Mailing Address •				P TO BROOD I FIE IDATO DARIO BRIDI B	BITT BIGIO (1089 ILIO) BITT 1084
727 N.W. 99	OTH CIRCLE	727 N.W. 99TH CIRCLE			
PLANTATION FL 33324 PLANTATION FL 33324				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	3 SI AOL
			when and	01/12/1996	
2. Principal	Place of Business	2a. Mailing Address	<u></u>	4. FEI Number	Applied For
21		26		65-0644989	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 City & Chair			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	<b>28</b> Zip	Country	8. This corporation owes or has paid the o	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer			10. Name and Address of New Registers	d Agent
FILINGS, INC.			81 Name		
3732 N.W. 16TH STREET			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
F(	ORT LAUDERDALE FL 33311				
			83		i
			84 City	F	85 Zip Code
11 Purcuan	at to the provisions of Sections 607 050	12 and 607 1508. Florida Statute	s the above-named co		
office or	registered agent, or both, in the Slate	of Florida. Such change was a	uthorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
1		pations of, Section 607.0505, moi	nda Statutes.		·
SIGNATURE	Signature, lyped or printed name of registered age	ent and little if applicable (NOTE	Registered Agent signature req	uired when reInstating) DATE	· <del></del>
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	HERRERA, DAVID	4040	1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	GERSHBEIN, ADAM	D Dettie	2.1 ITILE 2.2 NAME		C Change C Abbition
STREET ADDRESS	BOT ALM COTTLE CIDOLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		2. 4 CITY-S1-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	3		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	3		4.3 STREET ADDRESS		
CITY-ST-ZIP		Driete	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	.]		5.2 NAME		
STREET ADDRESS	`[		5.3 STREET ADDRESS 5.4 City-St-Zip		
CITY-ST-ZIP TITLE		☐ DELETĒ	6.1 TITLE	·	Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
	certify that the information supplied w	vith this filing does not qualify for		n Section 119.07(3)(i), Florida Statutes. I further	certify that the information

4. 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 chapter 607 or an apattachment with an address.

CICNATURE.

ADAM G

II. Or . C

( 954) - 27059 JW