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

**PROFIT CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 24 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

	UMENT # P9600 A PAINTING, INC.	000502	22 (4)							
Principal Place of Business Mailing Address							1 10011001 110 10110 01111 00111 00111 00111	it aniti ediat		
1692 SMIT			1692 SMITH LANE PALM HARBOR FL 34883				DO NOT WRITE	IN THIS S	PACE	
							3. Date Incorporated or Qualified 01/12/1996			1211 211
	al Place of Business	2a. Mailing	Address				4. FEI Number			oplied For
21		26	Suite, Apt. #, etc.				59-3355428	<del></del>		ot Applicable Additional
22 Suite, A	.pt. #, etc.	·	27			5. Certificate of Status Desired		<b>+</b>	Additional equired	
City & S	State		City & State			6. Election Campaign Financing			May Be	
23		28		T 6.			Trust Fund Contribution			to Fees
Zip	Country	Zip	· -				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 25 Name and Address of Curre	29 Pagistared Ac	ent	30			10. Name and Address of New Rec			7 140
		in riogiatorou ri	,	~	81	Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Panagos, Despina 1692 <b>S</b> mith Lane				-	Otrock Add	dress (P.O. Box Number is Not Acceptab	lo)		
PALM HARBOR FL 34883					82	Street Add	dress (P.O. Box Number is Not Acceptate	16)		
	TAMINATORNI E O 1000			Ī	83					
				ŀ	84	City		FL	85 Zip	Code
The Division	and to the provisions of Continue 607.06	02 and 607 1508	Florida Statut	os the ab	VOV6	named co	rooration submits this statement for the n	Urnose of	changing i	ts registered
11. Pursua office	or registered agent, or both, in the Stat	e of Florida. Such	change was a	authorized	by	the corpore	rporation submits this statement for the pation's board of directors. I hereby accep	t the appo	intment as	registered
agent.	. I am lamiliar with, and accept the oblig	gations of, Section	1 607.05 <b>05,</b> FK	orida Stati	Utes	i.				
SIGNATUR	Signature typed or printed name of registered a	pot and title if applicable	e (NOT	E: Registered	Age	ni signature requ	uired when reinstating)	DATE	1998	
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PD		DELETE	1.1 TIT	LE			ļ	Change	Addition Addition
NAME	PANAGOS, DESPINA			1.2 NA	ME					
STREET ADDRE				1.3 ST	AEET	ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34683		D DELETE	1.4 CB		T-ZIP			Changa	Addition
TITLE	VD		☐ DELÉTE	2.1 TIT				l	Change	LT MODITION
NAME	POUKIDES, ANDRY	\T		2.2 NA						
STREET ADDRE		) i				ADDRESS				
CITY-SI-ZIP	DUNEDIN FL 34698		DELETE	2. 4 CI 3.1 TIT		01 - Z(P	<u> </u>	<del></del>	Change	Addition
NAME				3.2 NA				'•	<del>-</del> -	
STREET ADDRE	ree					ADDRESS				
CITY-ST-ZIP				3.4. Cf						
TITLE .			DELETE	4.1 1(1					Change	☐ Addition
NAME				4. 2 N	AME	1				
STREET ADDRE	ess			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP				4.4 CI	Y-S	T-ZIP				
TITLE			☐ DELETE	5.1 TIT	LE				Change	Addition
NAME				5.2 NA	ME	İ				
STREET ADDRE	ess					ADDRESS				
CITY-ST-ZIP			Der ese	5.4 CI		T-ZIP			Change	Addition
TITLE			☐ DELETE	6.1 TIT				i	L'I DIKINGE	
NAME	1			6.2 NA	ME					

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.

6.3 STREET ADDRESS

244/4605 2/2/20

6.4 CITY - ST - ZIP