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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000006489 (4)

UNIVERSAL WATERPROOFING AND PAINTING INC.

FILED May 01 1997 8:00am Secretary of State



Principal Place of Business 314 S PARRAMORE AVE ORLANDO FL 32605		Mailing Address							
		314 S PARRAMORE AVE ORLANDO FL 32805-2650							
						3. Date incorporated or Qualified 01/22/1996	3a. Date	of Last R	leport
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number		-	oplied For ot Applicable
Suite, Apt	#, elc.	Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75	Additional equired
City & State	0	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	·			Trust Fund Contribution			to Fees
Z p	Country	Zip	h	ountry		8. This corporation has liability for	intangible tax ∃ Yes □ N		199.032,
24	25 9. Name and Address of Currel	29] nt Registered Agent	30	1		Florida Statutes 10. Name and Address of New Re			
				81	Name				
	E, HERMANE S PARRAMORE AVE				D	(0.0.0)	-1-1		
	ANDO FL 32805			82	Street Add	lress (P.O. Box Number is Not Accepta	энеј		
ONL	7.1100 I E 32000			83					
				84	City			E Zin	Code
	•			04	City		FL '	35 Zip	COUG
SIGNATURE	Signature, typica or printed name of registered ag-	ent and tide if applicable (N	OTE Regist	ered Age		tion's board of directors. I hereby acce	DATE		
12.	r	ID DIRECTORS	1:		····	ADDITIONS/CHANGES TO OFFI		RECTOP Change	
TOLE	DP	DELETE		TITLE			L	, unange	Addition
NAME CARGO LABORAGO	AME, HERMANE			2 NAME	ADDRESS				
STREET ADDRESS CITY ST-ZIP	314 S PARRAMORE AVE ORLANDO FL 32805		•	CITY-S	ł				
THE	DS	DELETE		TITLE	1-21		. [Change	Addition
NAME	SALAHUDDIN, CHRISTOPHER	A	22	NAME		" .			
STREET ADDRESS	314 S PARRAMORE AVE		23	STREET	ADDRESS				
CITY - \$1 - 70P	ORLANDO FL 32805		2	4 CITY-	ST-ZIP				
10.6		DELETE		TITLE]		<u></u>) Change	Addition
NAME				2 NAME					
STREET ADDRESS					ADDRESS				
CHY+S1-7IP TITLE		DELETE		CITY-:	ST-ZIP			Change	Additio
NAME		- vace		2 NAME			اسما	2 mile	hand rightion
STREET ADDRESS					ADDRESS				
C-TY+S1+2/P				4 CITY-S	l l				
31716		DELETE	5.1	TITLE				Change	Addition
NAME			5.2	2 NAME					
STREET ADDRESS			5.8	STREET	ADDRESS				
Cary-S1-7IP		T priese		4 CITY - S	T-ZIP				F 1 1 1 2 2 2 2
TITLE		☐ DELETE		1 TITLE			(] Change	Addition
NAME				2 NAME	4000000				
STREET ADDRESS					ADDRESS				
C11Y - \$1 - ZIF		11. 3a. 3b. 7b	6.4	4 CITY - S		die Cestion 110 07/07/0 Fleete Ctabut			

I do 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as a squired by Chapter 607, Florida Statutes; and that my name