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

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED May 13 1998 8:00am Secretary of State

	ATO PAINTING, INC.	Mailing Add					
Principal Place of Business Mailing Address							
1170 S.W. 10TH STREET							
						DO NOT WRITE IN THIS	SPACE
						3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address			ddress			01/18/1996 4, FEI Number	Applied For
21 26						65-0639394	Not Applicable
Suite, Apt.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
27						b. Certificate of Status Desired	Fee Required
City & Stat	e	·	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip		Country		Trust Fund Contribution	Added to Fees
24]	├ ~~ ├ ~~		30	of the corporation office of the paid the current year than give			
	g. Name and Address of Curr					10. Name and Address of New Registered	
Dit	DONATO, VINCENT S			81	Name		
11	70 S.W. 10TH STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33486							
				83			
				84	City	FL	85 Zip Code
44 Dureuppt	to the provisions of Sections 607.0	E02 and E07 1600 F	torido Ctatute	no the above	named one	poration submits this statement for the purpose of	f changing its registered
office or i agent I a	registered agent, or both, in the Sta im familiar with, and accept the ob-	ite of Florida. Such o ligations of, Section (hange was a 607.0505, Flo	uthorized by orida Statutes	the corpora	ation's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and lite if applicable	(NOTE	Registered Age	nt signature requi	ired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P DELETE		1.1 TITLE			Change Addition	
NAME	DIDONATO, VINCENT			1.2 NAME	1		
STREET ADDRESS	1170 SW 10TH ST			1.3 STREET	i		
CITY-ST-ZIP TITLE	BOCA RATON FL		DELETE	1.4 CITY - ST 2.1 TITLE	r-ZIP		Change Addition
NAME	D DELETE		22 NAME			Condition CT Addition	
STREET ADDRESS				2.3 STREET	AODRESS		
CITY-SI-ZIP				2.4 CITY-S			
TITLE	DELETE		3.1 TITLE			Change Addition	
NAME				3.2 NAME	[Į
STREET ADDRESS				3.3 STREET	address		
CITY-ST-ZIP		·		3.4. CITY-S	T-ZIP		
TITLE] DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME	-		Į
STREET ADDRESS				4.3 STREET	1		
CITY-ST-ZIP			1 DELETE	4.4 C/TY-ST	- ZIP	·	Change Liddican
TITLE		L.) DELETE	5.1 TITLE			Change Addition
NAME CTOCCT ADDRESS				5.2 NAME	ADODECC		}
STREET ADDRESS				5.3 STREET			
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - ST 6.1 TITLE	-cir		Change Addition
NAME		_	, , , , , , , , , , , , , , , , , , , ,	62 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-ZW				6.4 CiTY-SI	i		

Thereby 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 neever or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment without address.

SIGNATURE:

4.29.98 (SU) 447 4481