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FLORIDA DEPARTMENT OF STATE

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May 14 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000022687 (3)

SOUTHERN TRIM PAINTING & WATERPROOFING, INC.

Principal Place of Business BEOD NORTHWEST 47TH DRIVE CORAL SPRINGS FL 33067		Mailing Address	Mailing Address		I NORTHORE THE EDITO BILLY GOLDE BOUNT REVILL BOTTO LIVER TIDEO BUILD HORTE HEAD FROM			
		8600 NORTHWEST 47TH DRIVE						
CORAL SPRIN	GS FL 33067	CORAL SPRINGS FL 330	67-1948					
					3. Date incorporated or Qualified 03/13/1996	3a. Date	of Last Re	eport
	Place of Business	2a. Mailing Address			4. FEI Number	V		plied For
21	H at-	26			65-065518			Applicable
Suite, Apt	#, QIG.	Suite. Apt. #, etc.			5. Certificate of Status Desired		8.75 A Fee Re	
22 City & Stat	le	City & State					 	
23		28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added N	
Ζ φ	Country	Zip	Country		8. This corporation has liability for			
24	25	29	30		- I	Yes		155.0021
	9. Name and Address of Cu	rrent Registered Agent			10, Name and Address of New Re	gistered Age	ent	
AMI	ERILAWYER CHARTERED		81 N	Name				
	ALMERIA AVENUE		82 S	Street Addre	ess (P.O. Box Number is Not Acceptab	nle)	~~~	
COI	RAL GABLES FL 33134			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		310)		
			83					
			84 0	City		1.	e 7 7 6	lodo.
				·		FLI	35 Zip C	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Stati	utes, the above-n	amed corpo	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of ch	anging its	registered
agent 1a	am familiar with and accept the o	bligations of Section 607,0505, F	i authorized by th Florida Statutes.	e corporation	on a board or directors. I hereby accep	pi tne appoint	ment as i	registered
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registera		OTE: Registered Agent s	eriuper erutang		DATE		
12.	OFFICERS	AND DIRECTORS	13.	ignature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DI		
12. TITLE	OFFICERS PSTD	AND DIRECTORS DELETE	13. 1.1 Title	ignature require		CERS AND DI	RECTOR: Change	
12. TITLE NAME	PSTD NAPOLITANO, ANTHONY A	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME			CERS AND DI		
12. TITLE NAME STREET ADDIRESS	OFFICERS PSTD NAPOLITANO, ANTHONY A 8600 NORTHWEST 47TH D	AND DIRECTORS DELETE RIVE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD	DRESS		CERS AND DI		
12. TITLE NAME SUPCELADORESS CITY-ST-ZIP	PSTD NAPOLITANO, ANTHONY A	AND DIRECTORS DELETE RIVE	13. 1.1 Title 1.2 Name 1.3 Street add 1.4 City-St-Zi	DRESS		CERS AND DI	Change	Addition
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