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FILED  
Jun 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000045454 (1)

1. Corporation Name

MORETTI SPRAY BOOTH SYSTEMS, INC.



Principal Place of Business

Mailing Address

5451 BAYWATER DR  
TAMPA FL 33615

5451 BAYWATER DR  
TAMPA FL 33615-3584

2. Principal Place of Business

21 5020 N. Grady Avenue

2a. Mailing Address

26 5020 N. Grady Ave

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Tampa FL

28 City & State

Tampa FL

24 Zip

33614

25 Country

USA

29 Zip

33614

30 Country

USA

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Michael moretti

82 Street Address (P.O. Box Number is Not Acceptable)

5813 Silver moon Avenue

83

84 City

Tampa

FL

85 Zip Code

33625

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE

NAME MORETTI, MICHAEL  
STREET ADDRESS 5451 BAYWATER DR  
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DP ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS 5813 Silver moon Avenue  
14 CITY-ST-ZIP Tampa, FL 33625

21 TITLE ST ☐ Change ☒ Addition

22 NAME Lisa Lucas  
23 STREET ADDRESS 5813 Silver moon Avenue  
24 CITY-ST-ZIP Tampa, FL 33625

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. 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 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

SIGNATURE: *[Signature]* **REINSTATEMENT REQUIRED**

4/28/97

(813) 348-2800

CR2E034 (9/96)