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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000050115 (0)

TARANTINO PAINTING, INC.

Principal Pla	ace of Business	Mailing Address 5776 CORSON PLACE LAKE WORTH FL 33463-1547				1 39971001 110 Maill Bith Gaill Coll agill agill agill agill salar sibil dalar ribar aib fasi		
5776 CORSO LAKE WORTH								
!!						3. Date Incorporated or Qualified 3a. Date of Last Report 06/10/1996		
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				65-0688628 Not Applica		
Suite, Apt #. etc		Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required		
City & St	ale	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Z(p)	Country 25	Zip <b>29</b>	30	ntry		8. This corporation has liability for intangible tax under s. 199.032  Florida Statutes		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
TARANTINO, MARIE 6215 POND TREE COURT GREENACRES FL				82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
					City	ty 85 Zip Code		
				84		FL   ``		
office or	nt to the provisions of Sections 607 r registered agent, or both, in the \$ I am familiar with, and accept the c	State of Florida, Such chance	e was authorized	d by	the corpora	orporation submits this statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as registere		
SIGNATURE	Septiature typed or printed name of registers	ed agent and title if applicable	(NOTE: Registered	1 Ager	nt signature rec	equired when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIILE	D	☐ DELF	ETE 1.1 TO	TLE		☐ Change ☐ Addi		
NAME	TARANTINO, PHILIP		1.2 NA	1.2 NAME				
STREET ADDRESS	5776 CORSON PLACE			1.3 STREET ADDRI				
CHY-ST-ZIP	LAKE WORTH FL 33483			1.4 CITY-ST-ZIP				
TITLE		DELE	TE 2.1 T()	TLE		☐ Change ☐ Addi		
NAME			2.2 NA	ME				
STREET ADDRESS	s		2.3 ST	REET	ADDRESS			

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3.3 STREET ADDRESS

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5.3 STREET ADDRESS 5.4 City - St - Zip

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

3 1 TITLE

3.2 NAME

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

14. I do hereby certly that the information supplied with this fiting 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, of on an attachment with an address.

SIGNATURE

CHTY-ST-Z-P

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CHY-S1-ZIF

CITY - \$1 - 7IP

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NAME

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TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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Philip Tarantino

4-10-97 Daytime Pt

**FILED** 

Apr 15 1997 8:00am

Secretary of State

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