-FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 APPROVED AND PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUÁĹ REPORT Secretary of State 1997 JUN 20 PH 4: 07 DIVISION OF CORPORATIONS 1997 DOCUMENT # P9600077/65 SECRETARY OF STATE TALLAHASSEE, FLORIDA MichAEL ChNUPA PAINTING + DECORATing Mailing Address Principal Place of Business 105 40th ct 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State VERO BEACH 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for invangible tax under s. 199.032, Florida Statutes No. Country 29 30 Florida Statutes Yes 🔲 No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name K. CHNUPA 82 Street Address (P.O. Box Number is Not Acceptable) 105 40th Ct. 83 R4 City Zip Code 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 jumiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. The Cypet or printed name of registered agent and till all applicable SIGNATURE/ (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. MICHAEL CHNUPA, President 1.1 TITLE Change Addition TITLE NAME 1.2 NAME 105 40th ct. 13 STREET ADDRESS STREET ADDRESS Vero BEACH, FL 32968 1.4 C/TY - ST - Z/P CITY-ST-ZIP Change Addition Sanet K. Chnope, Secretary 105 40th Ct 21 TITLE TITLE 2.2 NAME 900002220829--3 NAME -06/24/97--01008--019 2.3 STREET ADDRESS STREET ADDRESS Véro Beach, PL 32968 ****165.00 ****165.00 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change 3 t TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELFTE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4.0(1Y+S1+ZIP CITY - \$1 - 7IP Change DELETE 51 TITLE Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CGY+S1-2IP DELETE TITLE 6 i TITLE 6.2 NAMI NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-7IP G 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not quality 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 eath; 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.

K. Carufa

Daytime Phone #

Date