Applied For - Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□ No

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90189 003 ***158.75

DOCUMENT # PAGOCO90589

1. Corporation Name ARTISTIC PAINTING INC					
Principal Place of Business	Mailing Address			I ###II.### II.# ##III.#	FB.I.I. 48181
1842 40TH TERRACE SW UNIT 6 NAPLES FL 34116	1842 40TH TERRACE SW UNIT 6 NAPLES FL 34116			DO NOT WRITE IN THIS	SPACE
•				3. Date Incorporated or Qualifed 10/31/1996	
2. Principal Place of Business	2a. Mailing Address	;	سوسیت دیدید	4. FEI Number - 59-341-1017-	
Suite, Apt. #, etc.	Suite, Apt. #, et	C.		5. Certificate of Status Desired	\$8.7 Fee
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5. Add
Zip Country 24 25	Zip 29	30	Country	This corporation owes the current year In Personal Property Tax.	tangible
9. Name and Address of C				10. Name and Address of New Registered	Agent
BREEHNE, PAUL M JR 5833 HOUCHIN STREET UNIT F NAPLES FL 33942			81 Name 82 Street Ac \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Idress (P.O. Box Number is Not Acceptable)	
•			84 City Nay	oles FL	- 1 14
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Flonda. Such change	was author	the above-named co orized by the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	f changin intment a
SIGNATURE Signature, typed or printed name of registe	red agent and title if applicable.	(NOTE: Rec	gistered Agent signature requ	vired when reinstating) DATE	
	RS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE
	I'll peur				

85 Zip Code 34114 changing its registered itment as registered

D DIRECTORS IN 12 ☐ Change ☐ Addition □ DELETE 1.1 TITLE TITLE STONE, GARY L 1.2 NAME NAME 26795 STARDUST DRIVE 1.3 STREET ADDRESS STREET ADORESS **BONITA SPRINGS FL 34109** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE TITLE 2.1 TITLE BREEHNE, PAUL M JR. 2.2 NAME NAME 3071 50TH LANE S.W. 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition [] DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE DILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 impowered 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

E REQUIRED TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)