SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P9700000945 (0)

ULTIMATE PAINTING SERVICE, INC.

FILED Jul 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					-	
442 BRIGHTON		442 BRIGHTON AVE. N.E.				
PALM BAY FL 3		PALM BAY FL 32907				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					01/01/1997	
	lace of Business	2a. Mailing Address			4. FEI Number Applied For Not Applied For Not Applied For	
21 Suite, Apt.	# -1-	Suite, Apt. #, etc.				
22 Suite, Apt.	#, 8t¢.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State				
23		28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
		Zip	Country		This corporation owes or has paid the current year intangible	
24	25	· ·	30		Personal Property Tax due June 30. Yes No	
<u> </u>	9. Name and Address of Curren		1		10. Name and Address of New Registered Agent	
CARINCI,-MICHAEL G 81 Name						
442 BRIGHTON AVE. N.E.			82 Stre	92 Street Address (D.O. Boy Number in Not Assessable)		
PALM BAY FL 32907			02 3116	82 Street Address (P.O. Box Number is Not Acceptable)		
Trian Big 1 B 32501			83	•		
			24 0"			
			84 City		FL 85 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 familiar with, and accept the obligations of, section 607,0505, Florida Statutes.						
•						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	DI		
NAME	CARINNOI, MICHAEL G		1.2 NAME		arinci, michael G	
STREET ADDRESS	442 BRIGHTON AVE. N.E.		1.3 STREET ADDRES	8 444	12 BEIGHTON AVE NE	
CITY-ST-ZIP	PALM BAY FL 32907		1.4 CITY-ST-ZIP	124	OUM BAY, PL 32907	
TITLE		DELETE	2.1 TITLE	12.	Change Addition	
NAME			2.2 NAME	E 5	WARD PACE	
STREET ADDRESS			2.3 STREET ADDRES	is (2	66 BIDNEY DE. NE	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	_ 📯	aum 1000, pl 30905	
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES	ss		
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME	ļ		
STREET ADDRESS			4.3 STREET ADDRES	ss		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRES	SS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>		
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRES	SS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

. 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 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 op an attachment with an address.