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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000001238 (9)

EXPERT PAINTING, INC.

Principal Place of Business 2360 NW 30 COURT OAKLAND PARK FL 33311

Mailing Address

FILED Apr 21 1998 8:00am Secretary of State



2360 NW 30 COURT OAKLAND PARK FL 33311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-C 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zφ Zip Country Country This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. X Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THAN, YVONNE 3200 NE 36TH STREET, #718 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33308 83 84 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 re agent. Lai	egistered agent, or both, in the State of Florid m familiar with, and accept the obligations of	la Such change was a Section 607.0505, Flo	uthorized by the corpora rida Statutes.	tion's board of directors. I hereby accept the appointment a	as registered
SIGNATURE					
	Signature, typod or printed name of registered agent and time		Registered Agent signature requ		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13	
TITLE	DP	DELETE	1.1 TITLE	Change	Addition
NAME	THAN, YVONNE		1.2 NAME	•	
STREET ADDRESS	3200 NE 36TH STREET, #718		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	Change	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		····
TITLE		DELETE	3 1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	☐ Changi	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY CT. 7ID			64 City-ST-7IP		

14. Thereby certify that the information supplied with this filling 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 chapted, or on an attachment with an address.

SIGNATURE

954-735-4480