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 # P97000027703 (2)

STAUFERLAND CUSTOM PAINTING, INC.

FILED Apr 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						1 PROGRADA AND ANIAN NOVA NOVAL METALE OF	OLIA DRIAD ANDLA	IDDA HADA A	0100 1111 1001	
6325 MARLI ORLANDO I	Berry Drive Fl. 328 19	6325 MARLBERRY D ORLANDO FL 32819	325 MARLBERRY DRIVE DRLANDO FL 32819			DO NOT WRITE	= IN THIC CI	PACE		
l						3. Date Incorporated or Qualified	. 114 11 110 01	AGE		٦
						03/24/1997				
2. Principal f	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For				1
21		26				59-3440508		N/	ot Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired			Additional equired	
City & Sta	te	City & State	y & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country Zip C			untry 8. This corporation owes or has paid the current year Intangible					tangible	1
24	25 29 30			Personal Property Tax due June 30. Yes No						
ļ	9. Name and Address of Cui	rrent Registered Agent		81		10. Name and Address of New Re	gistered A	gent		4
STAUFERLAND, KEITH L					Name					
6325 MARLBERRY DRIVE ORLANDO FL 32819				82	Street Address (P.O. Box Number is Not Acceptable)					1
ľ	AND TE OCOTO		ļ	83		N-1				1
			Ì	84	City		FL	85 Zip	Code	1
11, Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	atules, the ab	ove	-named corpo	pration submits this statement for the p	ourpose of c	l <u> </u>	ts 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	Levent and title Language (NOTE: Registered	Ager	nt signature required	d whan salpeleting)	DATE			
12,		AND DIRECTORS	13.	Ago	it aignataie requi ec	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	3S IN 12	16
TITLE	D	DELETE	1.1 TIT	LE				Change	Addition	
NAME	STAUFERLAND, KEITH L		1.2 NA	1.2 NAME						1
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS					ΙŠ
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CIT	1.4 CITY - ST - ZIP						_]8
TITLE	0	DELETE	2.1 TIT	LF			Ĺ	Change	Addition	١٢
NAME	Fammy Stauler	iano	2.2 NA	ME						
STREET ADDRESS	USIE DOMBULL	$\mathcal{D}_{\mathcal{X}_{i,\alpha}}$	2.3 ST	REET A	ADDRESS					
CITY-ST-ZIP	TOMOVIUD, FI 3	2819	2. 4 CI		T-ZIP			7 80	1 1 1 1 2 2 2 2 2	1
TITLE		DELETE	3.1 1(1)				· L	Change	Addition	
NAME	ļ		3.2 NA	.,.,-]					
STREET ADDRESS					ADDRESS					1
CITY-ST-ZIP		DELETE	3.4. CIT		1-7IP			Change	Addition	4
NAME	1	- Ottale			}		_	CHarige	Addition	1
STREET ADDRESS			. 4.2 NA		ADDRESS					
CITY-ST-ZIP										ı
TITLE		DELETE	4.4 CIT 5.1 TITI		- 217			Change	Addition	┨
NAME			5.2 NAI				_			
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	{		5.4 CIT		1					1
TITLE		☐ DELETE	6.1 117				[Change	Addition	1
NAME]		6.2 NA				_	-		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CIT							
	certify that the information supplied	d with this filing does not qualit				ection 119,07(3)(i), Florida Statutes. I	further cert	ify that the	Information	1

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 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.

SIGNATURE: Jammy of Strubalar 0-owner 4/8/98 407-292-9908