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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000030478 (6)

REMBRANDT PAINTING, INC.

FILED Jun 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 5731 12TH AVENUE S.W. 5731 12TH AVENUE S.W. NAPLES FL 34116 NAPLES FL 34116 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1997 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 Suite, Apt. #. etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes ∏ No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RITTER, SCOTT E 5731 12TH AVENUE S.W. 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34116 83 City Zip Code 85 FI 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or pented came of rogetices large it and to ear applicable (NOTE: Registered Agent's gnature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change ☐ Addition DELL'IE 1.1 100.0 TOTLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIE DELFTE Change Addition 2.1 1IILE TITLE omas C. Orban NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELLIE Change Addition TITLE 3.1.1006 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 3.4. C(TY - \$1 - ZIP TiTL€ DELETE 4.1 1111.6 ■ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Addition 5.1 TILLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City - ST- ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 600002564686 NAME 6.2 NAME **06/19/**98---01006--0**08** 6.3 STREET ADDRESS STREET ADDRESS ***150.00 6.4 CITY - ST - ZIP

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 supplicmental 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