PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90140 014 ***150.00

DOCUMENT # P97000030545

	WALLCOVING & PAINTING.		<u></u>					
Principal Place	•	Mailing Address						
2330 CRAWFORD AVE 2330 CRAWFORD AVE								
NAPLES FL 34117 NAPLES FL 34117						DO NOT WRITE IN TH	S SPACE	
US US						3. Date Incorporated or Qualifed		
						04/03/1997		,
2 Deleginal Di	lace of Business	2a. Mailing Address		•		4. FEI Number		Applied For
⊢ '	ISCS OF BUSINESS	<u> </u>				65-0726498		lot Applicable
21 Suite Apt	A Cales Company	Suite, Apt. #, etc.		==:				Additional
	# ₁ Ditc.	27				5. Certificate of Status Desired	Fee I	Required
City.& State	•	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23		28		_		Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	ntangible	
24	25		<u> </u>	•		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren		<u></u>	1		10. Name and Address of New Registere	d Agent	
				81	Name			
CHR	istensen, rick			<u></u>		(D.C. C. III. have in New Assessionia)	 	
2330	CRAWFORD AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	LES FL 34117			83				
				84	City	F	85 Zi	Code
11. Pursuant office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was autitions of Section 607.0505. Florida.	the a horized	bove-r	named corpo se corporatio	oration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing i cointment as	ts registered registered
SIGNATURE							- 	\ _
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	ogustered			when reinstating) DATE		\ _
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: R ID DIRECTORS	13.	Agent s			AND DIREC	\ _
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: F	13.	Agent s		when reinstating) DATE		\ _
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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 em 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, with all other like empowered.

SIGNATURE REQUIRED SIGNATURE OF SIGNATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR ORIECTOR