

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90074 028 ***150.00

DOCUMENT # P97000036988

1. Corporation Name

IMPERIAL PLASTERING, INC.

Principal Place of Business

108 EAST PINELOCH AVENUE
ORLANDO FL 32806

Mailing Address

108 EAST PINELOCH AVENUE
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1997

4. FEI Number

59-3446126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Orlando

2a. Mailing Address

26 Same as Above

Suite, Apt. #, etc.

22 108 E. Pineloch

Suite, Apt. #, etc.

27 City & State

23 City & State

Zip

Country

24 32806

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JUSAKOS, JUAN
2505 SOUTH THORNTON AVENUE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

Juz Marina JUSAKOS

82 Street Address (P.O. Box Number is Not Acceptable)

3400 CRYSTAL LAKE DR

83

Orlando FL (V)

84 City

FL

85 Zip Code

32806

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

3-17-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JUSAKOS, JUAN
STREET ADDRESS 2505 SOUTH THORNTON AVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE D (President) ☐ DELETE

NAME JUSAKOS, JUAN
STREET ADDRESS 3400 CRISTOL LAKE DR
CITY-ST-ZIP ORLANDO FL 32806

TITLE Luz Marina JUSAKOS (vicepres) ☐ DELETE

NAME 3400 crystal lake dr
STREET ADDRESS orlando FL 32806
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-17-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)