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 # P97000057715 (9)

DRESSCOAT PAINTING, INC.

May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						4 contribut ein satte tonet aufet datte batet unfen bilit	1991) (920) ()	1001 (1111 1841
15110 E FALC DAVIE FL 333	con's lea drive 131	15110 E FALCON'S LEA DAVIE FL 33331	15110 E FALCON'S LEA DRIVE DAVIE FL 33331					
						DO NOT WRITE IN THIS S	PACE	
						3. Date Incorporated or Qualified 07/01/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		applied For
21	26					65-0765292	⊢	lot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
22	27					5. Certificate of Status Desired		Required
City & State	City & State					6. Election Campaign Financing	\$5.00	May Be
23	28			Country		Trust Fund Contribution		to Fees
Zip	Country	Zip		Country		8. This corporation owes or has paid the curr		
24	25 25 Name and Address of Cu	29 rrent Registered Agent	30			Personal Property Tax due Jurie 30. 10. Name and Address of New Registered A		□ No
RF	CHTEL, MICHAEL			81	Name	10.		
15110 E FALCON'S LEA DRIVE					Charact Astalas	(0.0 p. 10 . 1 . 1 . 1 . 1 . 1 . 1		
DAVIE FL 33331			l	82	Street Addres	ess (P.O. Box Number is Not Acceptable)		
				83				
				84	City		as 7in	Code
					•	FL		
office or r	e gister ed agent, or both, in the S	0502 and 607.1508, Florida Statu State of Florida: Such change was bligations of, Section 607.0505, F	authorized	βbγ.	the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing pintment a	its registered s registered
SIGNATURE								
	Signature, type I or printed name of registere	***		1 Ager	nt signature required			1
12.	n OFFICIAS	AND DIRECTORS DELETE	13.		<u>n</u>	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	
NAME	BECHTEL, MICHAEL		1.2 NA		P	Resident	Change	Auditori
STREET ADDRESS	ARAGA PI PALAGAMA LIPA BIRAN				ADDRESS			
CITY-ST-ZIP	DAVIE FL 33331		1.4 CI					}
TITLE	DELETE			21 TITLE			☐ Change	Addition
NAME	2:		2.2 NA	ME				
STREET ADDRESS			23 ST	REET A	ADDRESS			
CITY-ST-ZIP				Z 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3 1 TH				Change	Addition
NAME			32 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	3 4. CI 4.1 TIT		I - ZIP		Change	Addition
NAME		[] VEELIC	4. 1 N/				Change	☐ Mullion
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4.4 CI1					
TITLE	***************************************	DELETE	5.1 T(T		-211		Change	Addition
NAME			5.2 NA					_
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 CIT					
TITLE		DELETE	6.1 TIT				Change	☐ Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STI	REET #	ADDRESS			
CITY-ST-ZIP			6.4 CH	Y-SI	- 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 true 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.