Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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

DOCUMENT # P97000086486

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

GUZZY BROTHER'S PAINTING INC

GOZZI DIOTILII STAIRTII	id, ito
Principal Place of Business	Mailing Address
1310 MILL CREEK CIR KISSIMMEE FL 34744	1310 MILL CREEK CIR Kissimmee Fl 34744

26

27

28

29

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90068 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

10/06/1997

59-3454608

4. FEI Number

GUZMAN, JORGE E 1310 MILL CREEK CIR			82	Street Adda	Street Address (P.O. Box Number is Not Acceptable)				
KISSIMMEE FL 34744									
			84	City		FL 8	5 Zip Co	ode	
office or re	to the provisions of Sections 607.0502 and 60 sgistered agent, or both, in the State of Florid manifer with, and accept the obligations of,	a. Such change was au Section 607.0505, Flori	thorized by da Statutes.	the corporation	poration submits this statement for the purpoon's board of directors. I hereby accept the	D-9	ent as regi	agistered stered	
12.	OFFICERS AND DIRE	_	13.		ADDITIONS/CHANGES TO OFFICER	S AND D	IRECTOR	₹S IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE			, [Change	☐ Addition	
NAME	GUZMAN, JORGE		1.2 NAME		•				
STREET ADDRESS	COLORNAL ADDRESS AID		1.3 STREET	ADDRESS	•				
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY-ST-ZIP						
TITLE	VPS	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	GUZMAN, ALFONSO		22 NAME						
STREET ADDRESS	1300 CPYRESS ARBOR PL		2.3 STREET	ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL 34744		2. 4 CITY-S	2.4 CITY=ST=ZIP				. بحسيخ يمسي	
TITLE	☐ DELETE		3.1 TITLE				Change	☐ Addition	
NAME:			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS				Ì	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
TITLE	☐ DELETE		4.1 TITLE				Change	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST	-ZIP					
TITLE	☐ DELETE :		5.1 TITLE]			Change	Addition	
NAME			52 NAME		•				
STREET ADDRESS			5.3 STREET					:	
CITY-ST-ZIP			5.4 CITY-S1	T-ZIP					
TITLE		☐ DELETE 6.1 T]			Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	i				'	
CITY-ST-ZIP	certify that the information supplied with this fi		6.4 CITY-S						

Country

81 Name

30

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.

OFFICER OR DIRECTOR

Daytime Phone #