

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000099424 (8)**

1. Corporation Name

**ELIAS BROTHERS PAINTING & WATERPROOFING, INC.**



Principal Place of Business

Mailing Address

**4206 ENTERPRISE AVENUE  
UNIT A-7  
NAPLES FL 34104**

**4206 ENTERPRISE AVENUE  
UNIT A-7  
NAPLES FL 34104**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/19/1997**

4. FEI Number

**59-3481225**

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 or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

**5733 Deauville Circle**

Suite, Apt. #, etc.

**27**

City & State

**28**

**Naples, Florida**

Zip

**29**

**34112**

Country

**30**

**U.S.A.**

9. Name and Address of Current Registered Agent

**ELIAS, MARIA P  
5733 DEAUVILLE CIRCLE  
G-108  
NAPLES FL 34112**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 relisting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ALIAS, AVIEL</b>	
STREET ADDRESS	<b>4206 ENTERPRISE AVENUE UNIT A-7</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MALDONADO, GILBERTO</b>	
STREET ADDRESS	<b>4206 ENTERPRISE AVENUE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ELIAS, MARIA P</b>	
STREET ADDRESS	<b>4206 ENTERPRISE AVENUE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SEVIGNY, KIPLIN</b>	
STREET ADDRESS	<b>4206 ENTERPRISE AVENUE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VD ALICE, MEIR</b>
5.3 STREET ADDRESS	<b>4206 ENTERPRISE AVENUE UNIT A-7</b>
5.4 CITY-ST-ZIP	<b>NAPLES, FLORIDA 34104</b>

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>VD ELIAS, OVADIA</b>
6.3 STREET ADDRESS	<b>5733 DEAUVILLE CIRCLE G-108</b>
6.4 CITY-ST-ZIP	<b>NAPLES, FLORIDA 34112</b>

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.

SIGNATURE *[Signature]* 2/1/98 941-643 1621

CR2E034 (10/97)