

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 # P98000014562

1. Corporation Name

Pioneer Painting of Naples, Inc.

Principal Place of Business

Mailing Address

3106 Tamiami Trail North Suite 157
Naples, Florida 34103

FILED

99 FEB 22 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1998

4. FEI Number

59-3491706

Applied For
Not Applicable

5. Certificate of Status Desired ☒ X

\$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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

Alice, Meir
3106 Tamiami Trail North
Suite 157
Naples, Florida 34103

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD Alias, Ilan
3106 Tamiami Trail North #157
Naples, Florida 34103

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VD Gonzalez, Justino
3106 Tamiami Trail North #157
Naples, Florida 34103

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VD Santiago, Alejandro
3106 Tamiami Trail North #157
Naples, Florida 34103

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

TD Gomez, Esteban
3106 Tamiami Trail North #157
Naples, Florida 34103

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☒ Change ☐ Addition

TD Decolien, Richard
3106 Tamiami Trail North #157
Naples, Florida 34103

SD Elias, Maria P
3106 Tamiami Trail North #157
Naples, Florida 34103

SD Elias, Maria P
3106 Tamiami Trail North #157
Naples, Florida 34103

SD Elias, Maria P
3106 Tamiami Trail North #157
Naples, Florida 34103

SD Elias, Maria P
3106 Tamiami Trail North #157
Naples, Florida 34103

SD Elias, Maria P
3106 Tamiami Trail North #157
Naples, Florida 34103

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: ILAN ALIAS

Ilan Alias President

2/19/99

(941) 732-9280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)