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

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90041 001 ***150.00

DOCUMENT # P98000017682 1. Corporation Name ALEX KAPAYIANNIDIS PAINTING, INC.				_		
Principal Place	of Business	Mailing Address			i ideiidet (if idit idit detit edit ent ente tidt radie end inne un.	
5741 DEAUVILLE CIR. F-108						
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					02/15/1998	
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For Applied For	
21					59-3495276 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	
27						
·	City & State City & State				6. Election Campaign Financing	
23	28 Zip Cou					
Zip	Country	Zip 3	Country		8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Curr		<u>"</u> -		10. Name and Address of New Registered Agent	
	9. Name and Address of Curi	ent Registered Agent	81	Name		
KAP	AYIANNIDIS, ALEX		L			
5741 DEAUVILLE CIR, F-108 NAPLES FL 34112			82	Street A	et Address (P.O. Box Number is Not Acceptable)	
			83	 		
			84	City	FL 85 Zip Code	
44 0	the sections of Sections 607.0	502 and 607 1509 Elorida Statutae	the abov	e-named d	comparation submits this statement for the nurnose of changing its registered	
office or r agent. I a	agistered agent or both in the Sta	te of Florida. Such change was autigations of, Section 607.0505, Florid	horized by	the corpor	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: R	egistered Age	nt signature rei	required when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	i	☐ Change ☐ Addition	
NAME	i a ii i i i ii ii ii ii ii ii ii ii ii		1.2 NAME]		
STREET ADDRESS	5741 DEAUVILLE CIR, F-108		1.3 STREE	TADDRESS		
CITY-ST-ZIP	NAPLES FL 34112 14		1.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	2.1 TITLE	1	☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	TADDRESS		
CITY-ST-ZIP		_	2.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME	1		
STREET ADDRESS			3.3 STREE	TADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	-	☐ Change ☐ Addition	
NAME			4. 2 NAME	1		
STREET ADDRESS	ADDRESS 4.		4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE			5.1 TITLE		☐ Change ☐ Addition	
NAME	5		5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRESS		
CITY-ST-ZIP			5.4 CITY-9	5T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME	- 1		
STREET ADDRESS			6.3 STREE	T ADDRESS	s \	
CITY-ST-ZIP	_		6.4 CITY-5	T-ZIP		

14. 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.



Daytime Phone #