SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT#



P98000029536

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 23, 1999 8:00 am Secretary of State

08-23-1999 90008 028 ***150.00

1. Corporation	n Name	<u></u>			,	/		
NATION	IAL PAINTING INC							
					İ	i jarijaal (je jaist lain) aasil aalik eenil ast	IN CONTRACTOR OF	
Principal Place of Business Mailing Address						T IMMITMEN THE ENTRE INDIA MUTAL MUSIC UNITED NO.	10 11919 10161 01199 11119 0111 1 30 1	
4880 JEWELL TERRACE 4880 JEWELL TE			TERRACE					
PALM HARBOR FL 34685 PALM HARBO			3OR FL 34685			DO NOT HIGHT WITH SPACE		
						DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	S SPACE	
						03/30/1998		
2. Principal P	2a. Mailing Addre	Address			4. FEI Number	Applied For		
21 26			Address			59-3502241	Not Applicable	
			Apt. #, etc.				\$8.75 Additional	
22 27			·			5. Certificate of Status Desired	Fee Required	
City & Stat	City & State	City & State			6. Election Campaign Financing	\$5.00_May,Be		
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip		ountry		8. This corporation owes the current year	7, 7, 1	
24	25	29	30			Intangible Personal Property.	Yes K No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
GAWRON, MARY					Name PET	ER URSO		
19321 C US HWY 19 N STE 601				82	Street Addres	ss (P.O. Box Number is Not Acceptable) 10 JEWELL TERRACE		
CLEARWATER FL 33764						O DENEDO IDICIO		
				83				
					City PAT	M HARBOR FL	_ 85 Zip Code _ 34685	
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, buch 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.								
07/01/99								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A								
12.	OFFICERS AND	DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE P	PETER URSO	DEI	LETE 1.1	TITLE			Change Addition	
NAME	4880 JEWELL TERR	ACE	1.2	NAME				
STREET ADDRESS	PALM HARBOR FL 3	4685	1.3	STREET A	DORESS			
CITY-ST-ZIP			1.4	CITY-ST-Z	IP			
TIPLE VP	VI ANDREN COLLINITI							
NAME								
STREETADDRESS ST PETERSBURG FL 33704 CITY-ST-ZIP We have not veceived the initial								
CITY-ST-ZIP TITLE	we have not vectored the initial							
NAME	- mailing of the annual report, therefore we are sending you							
STREET ADDRESS	de la							
CITY-ST-ZIP		2 and 2000 to	3					
TITLE			this	70	econd	, notice with the	_	
NAME								
STREET ADDRESS			uma	عس	TOT	3150.00.		
CITY-ST-ZIP						٠		
TITLE						thank you	/	
NAME								
STREET ADDRESS						National Pai	nor my The.	
CITY-ST-ZIP							U	
TITLE		1						
NAME								

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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

07/01/99

Daytime Phone #

CR2E034 (5/99)