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

**PROFIT** CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

## May 10, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

05-10-1999 90022 048 \*\*\*150.00

1. Corporation	MENT # <b>P9800</b> AINTING, INC.	0034311					
Principal Place	e of Business	Mailing Address					ET ION!
1819 WILTON AVENUE 1819 WILTON AVENUE							
ORLANDO FL 32805 ORLANDO FL 32805						DO NOT WRITE IN THIS SPACE	
						3, Date Incorporated or Qualifed	
						04/01/1998	
Principal Place of Business     2a. Mailing Address						4 FFI Number Applied F	or
21		26			59-3502583 Not Appli		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>			\$8.75 Addition	nal
22		27	7			5. Certificate of Status Desired Fee Required	
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May E		
23		28				Trust Fund Contribution Added to Fees	5
Zip	ip Country Zip		Country			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No	
24	25	29	30	Υ			
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent	
REN	SHAW, RICHARD L						
1819 WILTON AVENUE				82	Street Add	tress (P.O. Box Number is Not Acceptable)	
ORL	ANDO FL 32805			83			
5/ <del>-</del> 1/2				<u> </u>			
			ļ	84	City	FL 85 Zip Code	
office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	to of Elozida. Such change was	コロけわいロフをひ	1 DW 12	named corporati	poration submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as registere	ered d
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				Agent :	signature requir	red when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PD . DELETE		1.1 TIT	1.1 TITLE		☐ Change ☐	Addition
NAME	12,10,1,0,1,1,0,1,1,1,0		1.2 NA	WE ,			1
STREET ADDRESS	1819 WILTON AVENUE		13 ST	REETA	ADDRESS		i
CITY-ST-ZIP			_	TY-ST-	ΖΙΡ	Change D	Addition
TITLE	_		2.1 TIT			☐ Change ☐ J	HOORDON
NAME			_	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS				1
CITY-ST-ZIP	☐ DELETE			2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ /	Addition
TITLE	Degree		8	3.2 NAME			1
NAME STREET ADDRESS	ORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	i i			3.4. CITY-ST-ZIP			
TITLE	DELETE			4.1 TITLE		☐ Change ☐	Addition
NAME			4, 2 NAME		İ		
STREET ADDRESS			4,3 STREE		ADDRESS		1
CITY-ST-ZIP			4,4 CI		ZIP		
TITLE		DELETE	5.1 TIT	πE		☐ Change	Addition
NAME		5		AME			i
STREET ADDRESS	is		5.3 ST	REETA	ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP			1.1.02 =
TITLE		☐ DELETE	6.1 TT			☐ Change ☐	Addition
NAME			62 NA				Į
STREET ADDRESS				IREETA TV CT	ADDRESS		j

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 attachy only mith an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)