


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

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 99 MAR -4 PM 12:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P98000035517</b> 1. Corporation Name <b>COAT OF ARMS PAINTING, INC.</b>							
Principal Place of Business <b>4774 NARANJA WAY          KISSIMMEE FL 34746</b>				Mailing Address <b>4774 NARANJA WAY          KISSIMMEE FL 34746</b>			
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country			
3. Date Incorporated or Qualified <b>04/17/1998</b>				4. FEI Number <b>59-3512146</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees			
7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent <b>DRAWDY, THERESA S          201 A E RUBY AVE          KISSIMMEE FL 34741</b>				10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number Is Not Acceptable) B3 B4 City B5 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning)</small>							
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. <b>D YUHAS, STEVEN</b> <b>4774 NARANJA WAY</b> <b>KISSIMMEE FL 34746</b>				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 407 396.0028

Date

Daytime Phone #

CR2E034 (11/98)