

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

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90037 033 \*\*\*150.00

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
|--|---|--|

**DOCUMENT # P98000040526**

1. Corporation Name

**PAINTING BY ERAN INC.**

Principal Place of Business

5782 WOODLAND PT. DR.  
TAMARAC FL 33319

Mailing Address

5782 WOODLAND PT. DR.  
TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

65-0838257

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required.

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LUGASSY, PROSPER A  
5782 WOODLAND PT. DR.  
TAMARAC FL 33319

10. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                     |   |
|--------------------|---------------------|---|
| 1.1 TITLE          | PRESIDENT           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | PROSPER LUGASSY     |   |
| 1.3 STREET ADDRESS | 5782 WOODLAND PT DR |   |
| 1.4 CITY-ST-ZIP    | TAMARAC, FL 33319   |   |
| 2.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                     |   |
| 2.3 STREET ADDRESS |                     |   |
| 2.4 CITY-ST-ZIP    |                     |   |
| 3.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                     |   |
| 3.3 STREET ADDRESS |                     |   |
| 3.4 CITY-ST-ZIP    |                     |   |
| 4.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                     |   |
| 4.3 STREET ADDRESS |                     |   |
| 4.4 CITY-ST-ZIP    |                     |   |
| 5.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                     |   |
| 5.3 STREET ADDRESS |                     |   |
| 5.4 CITY-ST-ZIP    |                     |   |
| 6.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)