PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000066159 1. Corporation Name

MAXWELL PAINTING, INC.

Mailing Address Principal Place of Business 3404 S.E. 3RD COURT 3404 S.E. 3RD COURT BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/27/1998 4. FEI Number 65 - 0861443 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt, #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year intangible Country Zip Zip Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HAMPLTON, JOAN 1121 N.E. 1ST AVENUE FT. LAUDERDALE FL 33304 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 title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 11700.6 TITLE BEERS, WALLACE M JR. 1 2 MANGE NAME 3404 S.E. 3RD COURT 1.3 STREET ACCRESS STREET ADDRESS **BOYNTON BEACH FL 33435** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 21 MLE TITLE BRUNO, KELLEY A 2.2 NAME NAME 3404 S.E. 3RD COURT 2.3 STREET ADDRESS STREET ADORESS BOYNTON BEACH FL 33435 2.4 CRY-ST-ZP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition

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 eath; 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 attachment with an address, with all other like empowered

5.1 TITLE 5.2 NAME 5.3 STREET ADORESS

6.1 TITLE

6.2 NAME

54 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

C DELETE

Change

☐ Addition

FILED

May 06, 1999 8:00 am Secretary of State

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