FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90043 020 ***150.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

554253 - 90043 - 20

DOCUMENT # P98000075221(0) ✓

1. Corporation Name
A & C Painting and Waterproofing

Principal Place of Business
1200 NW 179 Street.
Miami FL 33169-4117

Mailing Address
Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1200 NW 179 Street
22 Suite, Apt. #, etc.
23 City & State: Miami FL
24 Zip: 33169 25 Country: Dade

2a. Mailing Address
26 1200 NW 179 Street
27 Suite, Apt. #, etc.
28 City & State: Miami FL 33169
29 Zip: 33169 30 Country: DaDe

3. Date Incorporated or Qualified: 8/26/1998
4. FEI Number — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☑ $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
Woodrow A Clark
1200 NW 179 Street
Miami FL 33169-4117

10. Name and Address of New Registered Agent
81 Name: Woodrow Clark
82 Street Address (P.O. Box Number is Not Acceptable): 1200 NW 179 Street
83 Miami FL 33169
84 City: Miami FL 85 Zip Code: 33169

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
Signature, typed or printed name of registered agent and the 4 applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☑ Addition: Secretary/Treasurer Antwanette Clark 1200 NW 179 Street Miami FL 33169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☑ Addition: Treasurer Antwanette Clark 1200 NW 179 Street. Miami FL 33169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/98)

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.

SIGNATURE: Woodrow Allen Clark WOODROW A. CLARK 5-12-99 305 628-3737
Print Title Date Daytime #