

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

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90044 033 \*\*\*150.00

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000087215

1. Corporation Name  
HOSFORD PAINTING, INC.

SOUTHWEST

Principal Place of Business

505 S.W. 6TH STREET  
FORT LAUDERDALE FL 33315  
US

Mailing Address

~~505 S.W. 6TH STREET~~  
~~FORT LAUDERDALE FL 33315~~  
C/O GRUBER AND ASSOCIATES, P.A.  
1650 SOUTH EAST 17TH STREET, SUITE 301  
FORT LAUDERDALE, FL 33316-1735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/12/1998

4. FEI Number  
65-0874233  
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

2. Principal Place of Business

21 505 SOUTHWEST 6TH STREET  
Suite, Apt. #, etc.

2a. Mailing Address

26 C/O GRUBER AND ASSOCIATES, P.A.  
Suite, Apt. #, etc.

22 ~~505 SOUTHWEST 6TH STREET~~  
City & State

27 1650 SOUTHEAST 17TH STREET, SUITE 301  
City & State

23

28 FORT LAUDERDALE, FL

24 Zip Country  
25 US

29 33316-1735 30 US

9. Name and Address of Current Registered Agent

~~FILINGS, INC.~~  
3732 N.W. 10TH STREET  
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name  
HOSFORD, PAULA J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
505 SOUTHWEST 6TH STREET  
83  
84 City  
FORT LAUDERDALE FL 85 Zip Code  
33315

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

*Paula Hosford*

2/15/99  
DATE

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

12. OFFICERS AND DIRECTORS

TITLE	DIP	<input type="checkbox"/> DELETE
NAME	HOSFORD, PAULA J.	
STREET ADDRESS	505 S.W. 6TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	DIP	<input type="checkbox"/> DELETE
NAME	HOSFORD, JOHN J.	
STREET ADDRESS	505 S.W. 6TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	SOUTHWEST	<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	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	J.	
1.3 STREET ADDRESS	SOUTHWEST	
1.4 CITY-ST-ZIP		
2.1 TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	J.	
2.3 STREET ADDRESS	SOUTHWEST	
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:

*Paula Hosford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1549

Date

954-522-2222

Daytime Phone #

CR2E034 (11/98)