

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000090517

1. Corporation Name

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90036 011 \*\*\*150.00

	PAINTING, INC.										
Principal Place	e of Business	Ma	ailing Address				1 (Balista)		#		••• ()••••
6871 SW 17TH	STREET	687	71 SW 17TH STREET					•			
POMPANO BEACH FL 33068 POMPANO BEACH FL 33068								00 1107 1470	ere in Tillo	CDACE	
							3. Date Incorpo	DO NOT WR		SPACE	
							10/23/199		,		Į
- B-111 B	Land Provinces		Mailing Address				4. FEI Number	0			Applied For
2. Principal Place of Business			<del></del>					-0870	715		Not Applicable
21 Suite Ant	# oto	26	Suite, Apt. #, etc.								Additional
Suite, Apt.	#, etc.	27	Odito, rept. #, etc.				5. Certificate of	Status Desired	ā Ţ		Required
City & State		21	City & State				6. Election Carr	maion Financino		\$5.00	May Be
23	•	28	<b>4,</b>				Trust Fund C			•	to Fees
Zip	Country	-  20	Zip	Cou	intry		g. This corporat	tion owes the cur	rrent vear Int	angible	
24	25	29	- •	30	·		Personal Pro		,	Yes	□No
	9. Name and Address of Curro		stered Agent				10. Name and A		Registered	Agent	
			<u>.</u>		81	Name					
RAM	, nadira				82	Ctuant Ada	dress (P.O. Box Numl	har is Not Assan	table)		
6871	SW 17TH STREET				02	Street Aut	uless (F.O. Dox Numi	nei is isot voceb	lable)		}
POM	IPANO BEACH FL 33068				83	_	<del></del>				
									<del> </del>	ac   7:	Codo
					84	City	•		FL	85   Zi	Code
11. Pursuant	to the provisions of Sections 607.00 egistered agent, or both, in the Stat	502 and 6	07.1508, Florida Stat	utes, the a	bove d by	e-named cor	rporation submits this tion's board of directo	rs. I hereby acce	ept the appoi	ntment as	registered
agent. I a	m familiar with, and accept the obli	gations of	, Section 607.0505, F	longa Stat	utes.						
agent. I a	m familiar with, and accept the oble	gations of	if applicable. (NO	TE: Registered	utes.		ired when re:nstating)		DATE		
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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

4-13-9

Daytime Phone #

R2E034 (11/98)