03-12-1999 90014 045 ***150.00

03-12-1999 90014 046 *****8.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800098030

 Corporation 	DEROS CUSTOM PAINTING					
Principal Place	e of Business	Mailing Address	_			9141 IENY 88188 NEN 88N 1881
Principal Place of Business Mailing Address 130 24TH AVE N.E. NAPLES FL 34120 NAPLES FL 34120					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualifed 11/17/1998	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3542153	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		<u> </u>		Fee Required
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Co	untry	8. This corporation owes the current year Inta	
24	25	29	30		Personal Property Tax.	Yes No No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	\gent
MEDEROS, ELIZABETH A 130 24TH AVE., N.E. NAPLES FL 34120					dress (P.O. Box Number is Not Acceptable)	
NAM	LES FL 34120			83		
				84 City	FL.	85 Zip Code
l office or n	egistered agent, or both, in the State in familiar with, and accept the obligation of the state in the state	of Florida. Such change tions of, Section 607.050 at and title if applicable	was authorize 15, Florida Sta (NOTE: Registere	d by the corporat tutes.		
12.		ID DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	PD	☐ DELE		ITLE		☐ Cliarige ☐ Addition
NAME	MEDEROS, GILBERTO R			IAME		
STREET ADDRESS	130 24TH AVE., N.E.		1.3 \$	STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34120			CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	VSTD		TE 2.11	TITLE		☐ Change ☐ Addition
NAME	MEDEROS, ELIZABETH A		2.21	IAME	•	
STREET ADDRESS	130 24TH AVE., N.E.		2.3 9	TREET ADDRESS	-	-
CITY-ST-ZIP	NAPLES FL 34120			CITY-ST-ZIP		Channe C Addition
TITLE		☐ DELE	TE 3.11	TILE		☐ Change ☐ Addition
NAME			3.21	IAME		
STREET ADDRESS			3.3 5	TREET ADDRESS		
CITY-ST-ZIP			3.4.	CITY-ST-ZIP		
TITLE			4.11	TITLE		Change Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3 9	TREET ADDRESS		
CiTY-ST-ZIP			4.4 (CITY-ST-ZIP		
TITLE				TITLE		☐ Change ☐ Addition
NAME			5.21	AME		;
STREET ADDRESS			5.3 \$	STREET ADDRESS		

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

☐ DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da

CR2E034 (11/98)

Change

Addition