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

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90040 016 ***150.00

DOCUMENT 1. Corporation Name	#P98000099386
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M.T. BUCKETS PAINTING, INC.			
Principal Place of Business	Mailing Address		I LEGINARE NIE NOND NOUN BONN BONN BONN BONN NEWS NOUN NAME NAME ANN NOUN BONN BONN BONN BONN BONN BONN B
30 N.W. 38TH PLACE OMPANO BEACH FL 33064	630 N.W. 38TH PLACE POMPANO BEACH FL 33064		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed
B. D. start Discourse at Durate	Do Mailine Address		11/23/1998
Principal Place of Business	2a. Mailing Address 26		4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing S5.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intangible
24 25	29 3	0	Personal Property Tax. Yes No
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent
LAUZIE, JEAN-PAUL 4900 N.W. 25TH TERRACE TAMARAC FL 33309		81 Name ADN 82 Street Add 42 3 (thony R. Heinkel dress (P.O. Box Number is Not Acceptable) N.W. 30th. Place
office or registered agent, or both, in the S agent. I am familiar with, and accept the of SIGNATURE	tate of Florida. Such change was autiblications of, Section 607.0505, Florid	the above served on	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
	d agent and title if applicable. (NOTE: Ro S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE		Office of the Change of Addition
NAME		12 NAME	ANTHONY R-HEINKEL 630 NW 3 84h PL 12000 1216 ASSOCIATION ASSOCIATI
STREET ADDRESS		1,3 STREET ADDRESS	630 NW 3 84h PL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	OMPANO BEACH PL 33064
TITLE	☐ DELETE	2.1 TITLE 1/	INTERPOS CIALAC / SSPPSTANG Change Maddition
NAME		22 NAME	MARTINE P. HEINKEL
STREET ADDRESS		2.3 STREET ADDRESS	MARTINE PHENKEL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	POMPANO BEACH PL 33064
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	,
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TIME WAS A STATE OF THE STATE O	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS TO THE STATE OF THE STREET		6.3 STREET ADDRESS	
		A LOTTY OF TIP	·

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, op on an attachment with an aptress, with all other like empowered.

SIGNATURE