## 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 90064 031 \*\*\*158.75

1. Corporation	MENT # <b>S2004</b> 1 NO CUSTOM PAINTING, IN											
Principal Place	e of Business	Ma	iling Address					i indiidia iib iidii galii dalii giadi iid	BIEN BIBN BIBN BIB	<b>  </b>	ı	
3344 49TH ST. 3344 49TH ST.												
SARASOTA FL 34235 SARASOTA FL 34235							,					
			)					DO NOT WRITE IN	THIS SPACE		_	
i							ļ	3. Date Incorporated or Qualifed			-	
A D====0.0	No. of Decision	1 0-	Mailing Address					12/18/1990 4. FEI Number	····	Applied For	$\dashv$	
<u> </u>	Place of Business	-	26					65-0239968	· · · · · · · · · · · · · · · · · · ·	Not Applicab	ie l	
Suite, Apt.	#. etc.	20	Suite, Apt. #, etc.						- \$8.7	Additional	$\exists$	
22	•	27	27					5. Certifcate of Status Desired	Fee	Required		
City & State			City & State					6. Election Campaign Financing \$5.00 May Be				
23		28						Trust Fund Contribution Added to Fees			_	
Zip					untry		İ	8. This corporation owes the current ye		П.,		
24	25	29		30			[	Personal Property Tax.	Yes	□No	4	
<del> </del>	9. Name and Address of Curre	nt Regist	ered Agent		81	Name		10. Name and Address of New Regis	terea Agent		$\dashv$	
FFT	TERMAN, JAMES C.					ramo						
515 S WASHINGTON BLVD					82	Street A	Addres	s (P.O. Box Number is Not Acceptable)			j	
	ASOTA FL 34236				83						_	
	•				Ш			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		_	
					84	City			FL  85   Zi	p Code		
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  Signature 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 agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature 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 agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature 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 agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature to the provisions of Sections 607.0502 and 607.0503 and 60												
12.	OFFICERS A		<del></del>	13	<u> </u>		·····	ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12		
TITLE	D DELETE 1.11			TILE				Chan	je 🗌 Addit	ion		
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NAME					NAME						}	
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6.4 CITY-ST-ZIP 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 the receiver of the corporation or the receiver of trustee empowered.

SIGNATURE: