FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S24193 (2)

1. Corporation Name
CUSTOM FINISHING OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
3768 PATRICIAN CIRCLE LANTANA FL 33462	3768 PATRICIAN CIRCLE LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1991
3a. Date of Last Report: 02/23/1994

21	2. Principal Place of Business: 402 NW 8th Cut	26	2a. Mailing Address: 402 NW 8th Cut
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Boynton Bch Fl.	28	City & State: Boynton Fl
24	Zip: 33426 / Country	29	Zip: 33426 / Country 30

4. FEI Number: 65-0232530 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CUSIMANO, PETER A. III
3768 PATRICIAN CIRCLE
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name: Cusimano Peter A. III
82 Street Address (P.O. Box Numbers Not Acceptable): 402 NW 8th Cut.
83 Boynton Bch, Fl.
84 City: FL 85 Zip Code: 33426

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: Peter A Cusimano III
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Cusimano Peter	☐ Change ☐ Addition
NAME	CUSIMANO, PETER	12 NAME		
STREET ADDRESS	3768 PATRICIAN CIRCLE	13 STREET ADDRESS	402 NW 8th Cut	
CITY-ST-ZIP	LANTANA FL	14 CITY-ST-ZIP	Boynton Bch Fl	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added in an attachment with an address.

SIGNATURE: Peter A Cusimano III 4/22/95 (407)734-7857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0271891 CP