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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

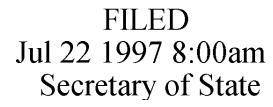
DOCUMENT # \$45446

(9)

ACTION PAINTING, INC.

Principal Place of Business

Mailing Address





1160 EAST LASALLE STREET HERNANDO FL 32842-9653			1160 EAST LASALLE STREET HERNANDO FL 34442-2653				
					3. Date Incorporated or Qualified 04/09/1991	3a. Date of Last 05/09/1996	
	lace of Business	2a. Mailing Address	<u>├</u> ─┐		4. FEI Number		Applied For
Suite, Apt. #, etc.		26			59-3060449		Not Applicable
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat 23		Cily & State			Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip 24	Country 7/p 25 29		Coun	lry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	g. Name and Address of Cu	rrent Registered Agent			Name and Address of New Reg	Istered Agent	
	RMANN, BRUCE		1	Name			
1180 E LASALLE ST HERNANDO FL 32642			ī	Street Add	dress (P.O. Box Number is Not Acceptable	c)	
1161	WANDO I C DEDIE			13			
ı 			ŧ	14 City		FL 85 Zip	o Code
Office of r	to the provisions of Sections 607, egistered agent, or both, in the Sim familiar with, and accept the of	tate of Florida. Such change was	s authorized.	by the comora	poration submits this statement for the pu ation's board of directors. I hereby accept		its registered is registered
SIGNATURE							
12.	Signature, typod or printed name of registered	AND DIRECTORS		Agent signature requ	ilied when reinstaing)	DATE.	
TIFLE	D	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
NAME	HERMANN, BRUCE	L. Detter	1.2 NAN			ш сививе	L Addition
STREET ADDRESS	1180 E LASALLE ST			i			
CITY-ST-ZIP	HERNANDO FL			ET ADDRESS			
TITLE	S	DELETE	2.1 TITL	-ST-ZIF		Change	Addition
NAME	HERMANN, TERESA		2.2 NAM			onango	Addition
STREET ADDRESS	1160 EAST LASALLE STRE	ET		ET ADORESS			
CITY-ST-ZIP	HERNADO FL			-ST-ZIP			
TITLE		DILETE	3.1 TITE			Change	Addition
NAME			3.2 NAM	1			
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CITY-ST-ZIP				-SI-ZIP			
TITLE		DELETE	41101			Change	Addition
NAME			4 2 NAM	}			
STREET ADDRESS			4.3 STRI	ET ADDRESS			
CITY-ST-ZIP			4.4 CH Y				
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STREET ADDRESS			5.3 STRE	E1 ADDRESS			
CITY - ST - ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 Tills			Change	Addition
NAME			6.2 NAM				
STREET ADDRESS				FT ADDRESS			
CITY-ST-ZIP			6 4 CITY]
44 1 do borob		30 C M A					

4. I do 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 eath; 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 shanged, or on an attachment with an address.