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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORFORATIONS FILED Apr 28, 1999 8:00 am Secretary of State

Applied For Not Applicable

04-28-1999 90040 001 \*\*\*150.00

## OCUMENT # \$58375

Corporation Name

FANTASTIC FINISHES OF SOUTH FLORIDA, INC.											
indipal Place of Business Mailing Address						1	; caditata tat attat seina istit tanat atti atti		81811 81811 81811 1881		
S.W. 93 ST. FL 33176		11035 S.W. 93 ST. MIAMI FL 33176				DO NOT WRITE IN THIS SPACE			E		
						3.	Date Incorporated or Qualifed 06/06/1991				
Principal Place of	of Business	2a. Mailing Address					, FEI Number	_ [_	Applied For		
		26					65-0278760		Not Applicable		
Suite, Apt. #. etc.		27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		75 Additional ee Required		
City & State		23	City & State			6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Feiss					
Zip	Country 25	29	Zip Country			8	This corporation owes the current year In Personal Froperty Tax.	ıta ıgible ∐ Ye			
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
WESTMO	reland, đavið H.			81							
11035 S.V	N. 93 ST.				Street Addres	Iress (P.O. Box Number is Not Acceptable)					
MIANII FL	33176										
				84	City	_	FI	85	Zip Code		
. Pursuant to the	provisions of Sections 607.t	0502 and 60	7.1508, Florida Statute;, the	above d by	e-named corpor the corporation	ratio	on submits, his statement for the purpose of part of directors. I hereby accept the appoint	f changi	ng its recistered as registered		

ing its recistered as registered agent. Leim familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

GNATURE					
	Signature, typed or printed name of registered agent at dittle if ap		Registered Agent signature require		6: IN 42
<u>.                                    </u>	CFFICERS AND DIRECT	[] DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addition
LE	, -	C) DETE IE	1.1 TITLE		
ME (	WESTMORELAND, DAVID H.		1.2 NAME		
REET ADDRESS			1.3 STREET ADDRESS		
Y-ST-ZIP	MIAMI FL 33176		1,4 CiTY-ST-ZiP		FT Addition
LE	vr	DELETE	2.1 TITLE	☐ Change	Addition
ME	WESTMORELAND, COLLEEN F		22 NAME		
REET ADDRE'S			2.3 STREET ADDRESS	·	
Y-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		
LE		□ DELETE	31 TITLE	Change	Addition
ME (			3.2 NAME		
REET ADDRESS	•		3.3 STREET ADDRESS		
Y-ST-ZIP			3.4. CITY-ST-ZIP		
LE		DELETE	4.1 TITLE	Change	Addition
ME			4.2 NAME		
REET ADDRESS			4.3 STREET ADDRESS		
Y-ST-ZIP			44 CITY-ST-ZIP		
LE		□ DELETE	5.1 TITLE	☐ Change	☐ Additio
ME			5.2 NAME		
REET ADDRESS			53 STREET ADDRESS		
Y-ST-ZIP			5,4 CITY-ST-ZIP		
LE		DELETE	6.1 TITLE	☐ Change	Addition
ME I		<del>-</del>	6.2 NAME	_ •	
REET ADDRESS			6.3 STREET ADDRESS		
REET ADUKESS			CACITY ST 7ID		

1. Thereby 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, o execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an attrichment with an address, with all other like empowered.

IGNATURE:

CR2E034 (11/98)