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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S65760

(8)

		ERVICES, INC.				
Principal Place	e of Business	Mailing Address				
477 COMMERC	CE WAY	477 COMMERCE WAY				
8TE 101 SUITE 101 LONGWOOD FL 32750 LONGWOOD FL 32750				DO NOT WRITE IN THIS SPACE		
US	FL 32/50	US		3. Date incorporated or Qu	alified	· · · · · · · · · · · · · · · · · · ·
00		••		07/11/1991		
2. Principal Pl	lace of Business	2a, Mailing Address	****	4, FEI Number	A	pplied For
<u>.</u>		26		59-3076063		lot i
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.			ired S8.75	A. "".
2		27		6. Certificate of Status Des	Fee F	¥0 <u>1,1 17</u>
City & State	е	City & State		6, Election Campaign Final	ncing \$5.00	D M
3		28		Trust Fund Contribution	Added Added	l to
Zip	Country	Zip	Country		r has paid the current year in	ntan
4	25	29	30	Personal Property Tax d		<u>⊔</u>
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of	New Registered Agent	- :
	NETT, MITCHELL		81 Name			T.
191	13 HOUNDSLAKE DRIVE		82 Street A	ddress (P.O. Box Number is Not A	cceptable)	•
Wit	NTER PARK FL 32792				7	
			83		,	
			84 City		85 2	
	to the provisions of Sections 607.05 egistered agent, or both, in the Starn familiar with, and accept the obli		1 1 - 3		₽LII	
	Signature, typed or printed name of registered a					74h.
		ND DIRECTORS	OTE Registered Agent signature of 13.	ADDITIONS/CHANGES T	O OFFICERS AND	ton .
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14. 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 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 on an attachpoint with an aridress.

6.4 CITY - ST - ZIP

FILED

Mar 04 1998 8:00am

Secretary of State

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

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FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # **P97000007597** (2) CONCORD PAINTING INC. Mailing Address Principal Place of Business 660 BROOKFIELD LOOP 660 BROOKFIELD LOOP LAKE MARY FL 32746 LAKE MARY FL 32746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For 59-3422792 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Country This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. ☐ Yes 30 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name MARRERO, EDWIN **660 BROOKFIELD LOOP** Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 83 84 City Zip 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** (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and bits if applicable PRESIDENT VICE PARTIEUT SECTION ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition 1.1 TITLE TITLE EDWIN MARRORS NAME 1.2 NAME 660 Brookfield Loop 1.3 STREET ADDRESS STREET ADDRESS LAKE MARY, PC. 32746 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP OITY-ST-ZW Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NALAF 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-74P

14. hereby certify that the information emplied 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 of 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 conforation of the section of the conformation of the section of the conformation of the section of the conformation of the section of the se

1/8/98 (407) 324-4627