

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S68789**

(4)

1. Corporation Name

THE PAINT WIZARD, INC.



Principal Place of Business

Mailing Address

**4025 N.E. 6TH AVE
FT LAUDERDALE FL 33334
US**

**4025 NE 6TH AVE
FT LAUDERDALE FL 33334
US**

2. Principal Place of Business
21 **4031 N.E. 6th AVE**

2a. Mailing Address
26 **4031 N.E. 6th AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 **FT. LAUDERDALE, FLA**

27 City & State
28 **FT. LAUDERDALE, FLA**

24 Zip **33334** 25 Country **US**

29 Zip **33334** 30 Country **US**

9. Name and Address of Current Registered Agent

**MCGLOTHIN, DENNIS J
333 N NEW RIVER DRIVE EAST
FT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified
07/22/1991

3a. Date of Last Report
08/08/1995

4. FEI Number
65-0275457

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

10. Name and Address of New Registered Agent

81 Name **ERNEST BURTON ARNOLD**

82 Street Address (P.O. Box Number is Not Acceptable)
371 S.E. 11th STREET

83

84 City **Pompano Beach** FL 85 Zip Code **33060**

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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ARNOLD, ERNEST BURTON**
STREET ADDRESS **371 NE 42ND COURT**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **ARNOLD, ERNEST BURTON**
1.3 STREET ADDRESS **371 S.E. 11th STREET**
1.4 CITY-ST-ZIP **POMPANO BEACH, FL 33060**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (954) 537-6090
Date Daytime Phone #

CR2E034 (12/95)