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

PROFIT CORPORATION ANNUAL REPORT

1999

SHOFIELINE PAINTING, INC.

1. Corporation Name

DOCUMENT # \$80714



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90009 013 ***150.00



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DO NOT WRITE IN THIS SPACE	

Principal Place		Mailing Address										
PEMBROKE PIN	•	PEMBROKE PINES FL 3002					50.107.10	TE 1817 1	10.0	DAGE		
US		US					DO NOT WR	IE IN 11	15 S	PACE	—-	
							3. Date ncorporated or Qualifed 09/17/1991					ļ
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number			\neg	Acr	lied For
21	300 07 200,11000	26					65-0283464				+	Applicable
Suite, /\pt.	#, etc.	Suite, Apt. #, etc.					1			\$8.7	15 A	dditional
22		27	27				5. Certificate of Status Desired			Fe	e Rec	uired
City & State	e	City & State					Election Campaign Financing Trust Fund Contribution					May Be Fees
Zip	Country	Zip	Cou	ntry			8. This corporation owes the cur	ent year	Intan	gible		
24	25	29	30				Personal Property Tax.		\times	Yes		□No
	9. Name and Address of Currer	t Registered Agent				_	10. Name and Address of New	Registere	d Ag	iejų.		
T: 110	ALE T DOOED			81	Name					`		İ
	AULT, ROGER 11 NW 4TH STREET			82	Street A	Addre	ss (P.O. Box Number is Not Accept	able)				
	BROKE PINES FL 33028											
FEINI	BHORE FINES PE 33020			83								i
				84	City			F:		85	Zip C	ode
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized	by 1	the corpo	corpo oration	oration submits this statement for the n's board of directors. I hereby acce	purpose pt the app	of ch	angin	g its r	egistered istered
SIGNATURE	Signature, typed or printed n ime of registered age	r t and title if applicable (NO 'E	Registered	Agen	it signature re	er uired	when rainstating	DATE	_			
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS				
TITLE	PD	☐ DELETE	1.1 TIT	LE					l	Cha	nge	☐ Addition
NAME	THIBAULT, ROGER B.		1.2 NA	ME	ļ							
STREET ADDR ISS	15351 NW 4TH STREET		1.3 ST	REET	ADDRESS							
CITY-ST-ZIP	PEMBROKE PINES FL	[] pri ctr	1.4 CH		r-ZiP					Cha		Addition
TITLE		☐ DELETE	2.1 TIT		İ				l	Cita	iige	[] Vocition
NAME.			22 NA									
STREET ADDR ESS					ADDRESS							
CITY-ST-ZIP TITLE		□ DELETE	2. 4 CI 3.1 TIT		1-212					Cha	nge	Addition
NAME ;		_	3.2 NA		ŀ						_	
STREET ADDRESS			1		ADDRESS							Ì
CITY-ST-ZIP			34 CI		1							
TITLE		☐ DELETE	4.1 TII							Cha	nge	Addition
NAME			4, 2 N	ME								
STREET ADDRESS			4.3 ST	REET	ADDRESS							
CITY-ST-ZIP			4.4 CIT	Y- \$7	r- ZIP							
TITLE		☐ DELETE	5.1 TIT						[Cha	nge	Addition
NAME			52 NA		ŀ							
STREET ADDRESS					ADDRESS							İ
CITY-ST-ZIP			5.4 CIT		Γ-ZIP					70		
TITLE		☐ DELETE	6.1 TIT						Ł	Cha	nge	Addition
NAME			6.2 NA									Į
STREET ADORESS			63 ST	REET	ADDRESS							

CITY-ST-ZIP 14. I heretly certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0'(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementation and accurate and that my signature shall have it e 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 I2 or Block 13 if changed, group an attachment with an address, with although the like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR