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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S90279**

1. Corporation Name

DEBAHY	PAINT, INC.								
Principal Place		Mailing Address					6 jedi oldik edel	N DISH BIBN	OLEN OLDAN IDƏN
,									
776 DELTONA I	BLAO	776 DELTONA BLVD							
DELTONA FL 32725		DELTONA FL 32725				DO NOT WRITE IN THIS SPACE			
US		US			3	Date Incorporated or Qualifed 10/28/1991			
2. Principal P	lace of Business	2a. Mailing Address			4	l. FEI Number		Ap	oplied For
21		26				59-30891 <u>59</u>		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	. Certifcate of Status Desired		\$8.75 A	Additional equired
City & Stat		City & State			6	i. Election Campaign Financing		\$5.00	-
23	•	28				Trust Fund Contribution		•	to Fees
Zip	Country	Zip	Country	,	8	. This corporation owes the curren	nt year Intan	gible	
24	25	29 3	0			Personal Property Tax.		ŬYes	≥ No
	9. Name and Address of Cu				10). Name and Address of New Re	gistered A	gent	
			81	Name	_				
	ZZO, JOHN		82	Stroot A	ddroes (P.O. Box Number is Not Acceptab	le)		
	DELTONA BLVD		62	Street A	uuress (7.O. BOX NUMBER IS NOT Acceptab	1107		
UMH	49		83		_				
) Del 1	TONA FL 32725			0.1	-			05 7in (Code (
			84	City			, FL	85 Zip	Code
office or re	agistered agent or both in the St	.0502 and 607.1508, Florida Statutes late of Florida. Such change was auth bligations of, Section 607.0505, Florid	horized by	the cornor	ration's b	ooard of directors. I hereby accept	the appointr	ment as re	gistered
SIGNATURE							DATE		
	Signature, typed or printed name of registered			nt signature req	quired when		DATE	DIRECTO)RS IN 12
12.	OFFICERS	AND DIRECTORS	13.	nt signature req	quired when	reinstating) ADDITIONS/CHANGES TO OFFI	ICERS AND		DR\$ IN 12
12.	OFFICERS		13. 1.1 TITLE	nt signature req	quired when		ICERS AND	DIRECTO	
12. TITLE NAME	OFFICERS P MILAZZO, ANTHONY	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME		quired when		ICERS AND		
12. TITLE NAME STREET ADDRESS	OFFICERS P MILAZZO, ANTHONY 71 SPRINGLAKE DR.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	TADORESS	quired when		ICERS AND		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILAZZO, ANTHONY 71 SPRINGLAKE DR. DEBARY FL	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	TADORESS	quired when		ICERS AND		
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14. I 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 oath; that I am an officer or director of the exporation 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP