PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V06942

1. Corporation Name

RILIMOF	SE PAINTING & RENUVAL	ION, ING.				
Principal Place	of Business	Mailing Address				
902 S.W. 27TH BOYNTON BEAC US	AVENUE	902 S.W. 27TH AVENUE BOYNTON BEACH FL 3343	5	DO NOT WRITE IN TO 3. Date Incorporated or Qualifed 01/15/1992	HIS SPACE	
2. Principal Pl	ace of Business	2a. Mailing Address	1	4. FEI Number	Applied For	
21 86C		26 10 110	(35-1366753	Not Applicable	
Suite, Apt.	#, etc. C ¥ 4	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	·	City & State	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 34 1 C	Country US	Zip - 29 34106-1189	Country U.S	Personal Property Tax.	☐ Yes ☑fÑo	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ed Agent	
CAMPBELL, SARAH A. 902 S.W. 27TH AVENUE BOYNTON BEACH FL			83 41	82 Street Address (P.O. Box Number is Not Acceptable) 83 # 4		
			84 City	∞ 1 1−3	F L 85 Zip Code 34(02	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familia with, and accept the oblig	e of Florida. Such change was a	uthorized by the como	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointinent as registered	
SIGNATURE	Signature, typed or printed name of registered a	mod-cll (NOTE	: Registered Agent signature re	youred when reinstating) DATE	7-99	
12.	7	AND DIRECTORS	13.	· ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	- 0 boll 80 b 1	Addition Addition	
NAME	CAMBELL, SARAH A.		1.2 NAME	A DETERMINE	,	
STREET ADDRESS	902 S.W. 27TH AVE.		1.3 STREET ADDRESS	P		
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE	P/D	☐ Change ☐ Addition	
NAME			2.2 NAME	Campbell Sarah A 860 125 AUE S. #9 NAPIES, FL 341	_	
STREET ADDRESS			2.3 STREET ADDRESS	860 125 Ave 5 #9	7	
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	NAPIES, FL 341	☐ Change ☐ Addition	
TITLE						
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		<i>u</i> ,	
CITY-ST-ZIP TITLE		□ DELETE	3.4. CITY-ST-ZIP		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			

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 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP"

CITY-ST-ZIP

DELETE

☐ DELETE

☐ Change

☐ Change

☐ Addition

Addition

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90062 029 ***150.00