

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

FILED

May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V40971 (6)
1. Corporation Name
BRIAN VEALE PAINTING, INC.

Principal Place of Business PO BOX 1355 ISLAMORADA FL 33036	Mailing Address PO BOX 1355 ISLAMORADA FL 33036
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/04/1992	
4. FEI Number 65-0336504		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent CROWELL, GUS H 91760 OVERSEAS HWY TAVERNIER FL 33070		10. Name and Address of New Registered Agent		85 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 607.0506, Florida Statutes.	
---	--

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURKEL, KYLE 82754 OVERSEAS HWY ISLAMORADA FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Brian R. Veale 81909 Old Hwy. Islamorada, Fl 33036 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y PELLITIER, ROBERT 730 LARGO RD KEY LARGO FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUNC, KARL 181 EAST RIDGE RD TAVERNIER FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE V 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Michael T. Jenkins 143 Indian Ave. Tavernier, Fl. 33070 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y JENKINS, MICHAEL T. 117 JERMONE ST ISLAMORADA FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE S 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Mary Veale 81909 Old Hwy. Islamorada, Fl. 33036 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: Mary Veale Mary Veale - Sec 4/21/98 305 664-7402

CR2E034 (10/97)