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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90025 027 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V66076

 Corporation 	on Name A PAINTING SPECIALIST, IN					
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Principal Plac	ce of Business	Mailing Address			T LOUIT BUIDIN USTER DIETE TOREN AUST AUST	II BIBIH BIBIH BIBIH BIBIH BIBIH IBBI
7650 OVERLOOK DR. 7650 OVERLOOK DR. LAKE WORTH FL 33467 LAKE WORTH FL 33467						
					DO NOT WRITE IN TE	IIS SPACE
					3. Date Incorporated or Qualifed 09/21/1992	
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1854129	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country			у	8. This corporation owes the current year	Intangible
24	25	29	30		Personal Property Tax.	X Yes □No
	9. Name and Address of Curren	t Registered Agent		,	10. Name and Address of New Register	ed Agent
			8	i Name	•	
MCDONALD, MARSHALL, III				2 Street Add	Iress (P.O. Box Number is Not Acceptable)	
STE.611 West Palm Beach FL 33401			83	3		THE RESERVE STATE OF
				4 6"		
			84	4 City	F	85 Zip Code * *
office or	registered agent, or both, in the State	of Florida. Such change was :	authorized by	v the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Fl	orida Statute	s.	, , ,	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOT	E: Dogistered Age	not cionatura maude	ed when reinstating)	
12.	OFFICERS AN		13.	sit agratore require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		55-935 1183	☐ Change ☐ Addition
NAME	BEEDE, DAVID E.		1.2 NAME		D is the DH	
STREET ADDRESS	2424 OLEDI GOLL BRILE		1.3 STREE	ET ADDRESS		4
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-1			
TITLE		☐ DELETE	2.1 TITLE	-		Change Addition
NAME	·,		2.2 NAME			
STREET ADDRESS		•	2.3 STREE	ET ADDRESS		
CITY-ST-ZIP	والاراج كالمراوي والرازي في المراوي المراوي والمراوي والمراوي والمراوي والمراوي والمراوي والمراوي والمراوي والمراوي		2. 4 CITY-			
TITLE	N. A. S.	☐ DELETE	3.1 TITLE	VI 24		Change Addition
NAME:	CHANNESS OF THE PARTY OF THE		3.2 NAME			
STREET ADDRESS		* + 6			•	
CITY-ST-ZIP				-TADDRESS I		
TITLE				ST-ZIP	- 1818 BERRY	· 建铁铁铁铁 [4]
	erents are seen in the first of the contract o	. DELETE	3.4. CITY- 4.1 TITLE	l .	the state of the s	4.1
NAME .	The state of the s		3.4. CITY-	ST-ZIP	the state of the s	Change 2 Addition
NAME 2650 CNESSE OF STREET ADDRESS	The state of the s	**************************************	3.4. CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP	the state of the s	4.1
NAME 2650 (1959) (1958) STREET ADDRESS CITY-ST-ZIP	The state of the s		3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE	ST-ZIP	the state of the s	4.1
NAME 2653 (NUSSELLO) STREET ADDRESS CITY-ST-ZIP TITLE	The state of the s	**************************************	3.4. CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP	the state of the s	Change Addition
CITY-ST-ZIP	The state of the s	- 1880 - 1 - 1 - 1840 - 1841 - 1881 -	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-5	ST-ZIP ET ADDRESS ST-ZIP	A STATE OF MESSAGES	4.1
CITY-ST-ZIP	The state of the s	- 1880 - 1 - 1 - 1840 - 1841 - 1881 -	3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	ST-ZIP ET ADDRESS ST-ZIP	the state of the s	Change Addition
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CITY-ST-ZIP TITLE NAME	The state of the s	- 1880 - 1 - 1 - 1840 - 1841 - 1881 -	3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	A STATE OF MESSAGES	Change 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 eceiver 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 change(i, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

DWE ACKNOW!

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561)967.2053

R2F034 (11/98