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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

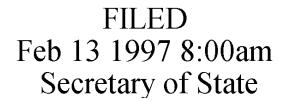
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # V69245

(1)

MICHAEL SERAFINI, PAINTING CONTRACTOR, INC.





Principal Place of Business 1607 D SW BILTMORE PORT ST LUCIE FL 34983 US 2. Principal Place of Business 21 1809 5 W Bi H more: Suite, Apt #, etc	Mailing Address 1607 D SW BILTMORE PORT ST LUCIE FL 34984- US 2a. Mailing Address 57 26 /809 S W & Suite, Apt. #, etc.	3407 Sultmore ST	Date Incorporated or Qualified 10/02/1992 FEI Number 65-0365499	3a. Date of Last Report 06/12/1996 Applied For Not Applicable \$8.75 Additional
City & State	City & State		Certificate of Status Desired B. Election Campaign Financing	Fee Required \$5.00 May Be
23 Zip Zip Country 24 3 49 84 25	28 Zip 29 3 4984	Country 30	Trust Fund Contribution 8. This corporation has liability for in Florida Statutes	Added to Fees
9. Name and Address of Curre SERAFINI, MICHAEL 1607 SW BILTMORE ST SUITE 440-M PT ST LUCIE FL 34983 11. Pursuant to the provisions of Sections 607.05 office or registered adapt or both, in the Staggert Lam familiar and		83 84 City	ess (P.O. Box Namber is Not Acceptable 1977) 1770 1770 1770 1770 1770 1770 1770 1	ST FL 85 Zp Cod 84
12. P SERAFINI, MICHAEL	gery of the if applicable (NOTE NO DIN COORS	Flogistered Agent signature requined 13. 1.1 TiTLE 1.2 NAME	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS CITY - ST - ZIP THLE NAME 1607 SW BILTMORE ST PORT ST LUCIE FL	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS CHY-ST-ZIP TITLE NAME	DELETE	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		Change Addition
STREET ACORESS CITY - ST- ZiP TITLE	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADORESS CHY-ST-2FF TITLE	☐ DELETE	4. 2 NAME 4.3 STREET AODRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CHY-ST-7IP	☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Additio
NAME STREET ADDRESS City-S1-7IP	_ oneit	6.1 STILE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		L Change L Auditor

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 of the receiver or usage empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter or or an attachmon with an address.

Daytime Phone •