May 19, 1999 8:00 am Secretary of State

05-19-1999 90020 001 ***750.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 457469

1. Corporation Name

STEELTECH ELECTROPAINTING, INC.

| Principal Place of Business Mailing Address | | | | | T LEGICI DIBB! BINI IEBII BIDIE BINI BIDI | TEL MISHE BIBLE BI | 1811 81811 1481 |
|---|----------------------|----------------------|--------------------|-----------------|--|--------------------|-----------------|
| 4960 S.W. 94TH WAY 4960 S.W. 94TH WAY | | 4960 S.W. 94TH WAY | | | | | |
| | | COOPER CITY FL 33328 | OPER CITY FL 33328 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 08/19/1974 | | |
| 2. Principal Place of Business 2a, Mailing Address | | | | | 4. FEI Number | Apı | plied For |
| 21 | 26 | | | | 59-1555478 | Not | Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certifcate of Status Desired | \$8.75 A | dditional |
| 27 | | 27 | | | 5. Certifcate of Status Desired | Fee Red | quired |
| City & State | е | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| | | 28 | | | Trust Fund Contribution | Added to | Fees |
| Zip | Country Zip Cou | | | / | 8. This corporation owes the current year Inta | | _ |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | | □No |
| Name and Address of Current Registered Agent | | | | 1 | 10. Name and Address of New Registered | rgent | |
| MATI ED OTAMI EV | | | | Name | | | |
| KOTLER, STANLEY | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | |
| 1705 W 32ND PLACE | | | | | <u> </u> | | |
| HIALEAH FL 33012 | | | 83 | 1 | | | |
| | | | 84 | City | | 85 Zip C | Code |
| | | | | 1 | F <u>L</u> | | |
| 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. | | | | | | | 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 607.0505. Florida Statutes. | | | | | | | |
| SIGNATURE | | | | | | | ļ |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg | | | | nt signature re | equired when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | | RS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | Change | ☐ Addition |
| NAME | KOTLER, STANLEY | | 1.2 NAME | | | | |
| STREET ADDRESS | 4960 S.W. 94TH WAY | | 1.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 1.4 CITY-5 | ST-ZIP | | 7 (0) | |
| TITLE | _ | | 2.1 TITLE | | | Change | Addition |
| NAME | KEPKE, ALAN | | 2.2 NAME | | 3200 N. OCEAN BLVD., # | 1005 | |
| STREET ADDRESS | 21868 TOWN PLACE DR. | | 2357REE | TADDRESS | FT. LAUDERDALE, FL. 3 | 308 | { |
| CITY-ST-ZIP | | | 12.42ITY- | ST-ZIP | 11. LAGDERGREE, CT 35 | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | KOTLER, ANNE | | 3.2 NAME | i | | | į |
| STREET ADDRESS | 4960 S.W. 94TH WAY | | 3 3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | COOPER CITY FL | | 3.4. CITY- | ST-ZIP | · | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | } |
| CITY-ST-ZIP | | | 4.4 CITY-5 | ST-ZIP | | | |
| TITLE | - | ☐ DELETE | 5.1 TITLE | Ì | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | |

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 changes, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

RES IDENT

DELETE

04/14/99

(305) 821-1988

Change

☐ Addition