

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000004829

1. Corporation Name
FIRST COAST ANODIZING INC.

Principal Place of Business: 565 FIFTH AVE., 17TH FLOOR, NEW YORK NY 10017
Mailing Address: 565 FIFTH AVE., 17TH FLOOR, NEW YORK NY 10017



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1998

4. FEI Number: 13-4019925 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	GREEN, STEPHEN	
STREET ADDRESS	565 FIFTH AVE., 17TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEVINE, ROBERT B	
STREET ADDRESS	565 FIFTH AVE., 17TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS: 6000002876246-0

1.4 CITY-ST-ZIP: 02/24/99-90010-010

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME: P Boyett, Otto S.

3.3 STREET ADDRESS: 5353 West Armstrong Ave

3.4 CITY-ST-ZIP: Chicago, Ill 60646

4.1 TITLE Change Addition

4.2 NAME: P Haegle, Jack E

4.3 STREET ADDRESS: 565 Fifth Ave

4.4 CITY-ST-ZIP: New York, NY 10017

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: Robert B. Levine ROBERT B. LEVINE 1/4/99 212-850-8560
VICE-PRESIDENT Date Daytime Phone #

CDP02A (1/10/98)