


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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90022 024 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # G06193

1. Corporation Name
SPRAY-TECH, INC.

| | |
|--|--|
| Principal Place of Business 1086 FL CENTRAL PKWY POST OFFICE BOX 150157 LONGWOOD FL 32750 US | Mailing Address 3333 BEVERLY ROAD 768 TAX. 85-2208/B HOFFMAN ESTATES IL 60179 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/27/1982 | |
| 4. FEI Number 59-2231048 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

STEENBEKE JOSEPH J
1086 FL CENTRAL PKY
LONGWOOD FL 32750

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILDING, ERNEST L | 1.2 NAME | |
| STREET ADDRESS | 98 SPRINGLANE | 1.3 STREET ADDRESS | 1086 FLORIDA CENTRAL PARKWAY |
| CITY-ST-ZIP | WINTER PARK FL | 1.4 CITY-ST-ZIP | LONGWOOD, FL 32750 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ, ARTHUR C | 2.2 NAME | |
| STREET ADDRESS | 3333 BEVERLY RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOFFMAN ESTATES IL | 2.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRITTENDEN, GARY L | 3.2 NAME | |
| STREET ADDRESS | 3333 BEVERLY RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOFFMAN ESTATES IL 60179 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VST STEENBEKE, JOSEPH J | 4.2 NAME | |
| STREET ADDRESS | 1378 SHADY KNOLL COURT | 4.3 STREET ADDRESS | 1086 FLORIDA CENTRAL PARKWAY |
| CITY-ST-ZIP | LONGWOOD FL | 4.4 CITY-ST-ZIP | LONGWOOD, FL 32750 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVIN, MICHAEL D | 5.2 NAME | |
| STREET ADDRESS | 3333 BEVERLY RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOFFMAN ESTATES IL 60179 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C-27034 (11/98)