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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

K16901

(6)

DOCUMENT # USAMA SPECIALTY FINISHES, INC. Principal Place of Business Mailing Address 28471 US 19 NORTH P.O. BOX #1748 SUITE 511 SAFTEY HARBOR FL 34695-1748 DO NOT WRITE IN THIS SPACE CLEARWATER FL 34621 3. Date Incorporated or Qualified 03/03/1988 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 59-2877558 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees <sup>Zip</sup>3376 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent USAMA, MUQIT 42 HARBOR OAKS CIR. Street Address (P.O. Box Number is Not Acceptable) SAFETY HARBOR FL 34695 83 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 Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME USAMA, MUQIT 1.2 NAME STREET ADDRESS 42 HARBOR OAKS CIR. 1.3 STREET ADDRESS SAFETY HARBOR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITE F 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ DELETE Change ☐ Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP \_\_\_ DELETE TITLE 6.1 TITLE Change 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIF

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.

SIGNATURE:

ugith IsampuRED

8137259005

CR2E034 (

**FILED** 

Jan 30 1998 8:00am

Secretary of State