

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000063855 (7)

1. Corporation Name  
**WEATHERSHIELD COATINGS, INC.**



Principal Place of Business: 801 W. STATE ROAD 436, SUITE 2035, ALTAMONTE SPRINGS FL 32714  
Mailing Address: ~~801 W. STATE ROAD 436~~ ~~SUITE 2035~~ ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 08/17/1995  
3a. Date of Last Report: 1st year  
4. FFI Number: 59-3330484  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26 136 Harrogate Place  
Suite, Apt. #, etc.: 22 Suite, Apt. #, etc.: 27  
City & State: 23 Longwood FL  
Zip: 24 32779 Country: 25 USA  
Country: 29 30

9. Name and Address of Current Registered Agent  
**LEVY, ROBERT L  
136 HARROGATE PLACE  
LONGWOOD FL 32779**

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 constituting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D, I, C <input type="checkbox"/> DELETE
NAME	LEE, PYONG S
STREET ADDRESS	% 801 W. STATE ROAD 436, SUITE 2035
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	P, D, S <input type="checkbox"/> DELETE
NAME	LEVY, ROBERT L.
STREET ADDRESS	136 Harrogate Place
CITY-ST-ZIP	Longwood, FL 32779
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. TITLE	D, I, C / VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2.1 TITLE	P, D, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEVY, ROBERT L.
2.3 STREET ADDRESS	136 Harrogate Place
2.4 CITY-ST-ZIP	Longwood, FL 32779
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert L. Levy* Robert L. Levy President 3/22/96 (407) 786-2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)