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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 250433

(0)

Corporation Name

CORONA BRUSHES, INC.

Principal Place of Business Mailing Address

5065 SAVARESE CIRCLE TAMPA FL 33634 5065 SAVARESE CIRCLE



I IAMPA I	°L 33034	IAMPA	FL 33634					
						3. Date Incorporated or Qualified 08/21/1961	3a. Date of Last 03/08/19	
	al Place of Business	2a. Mailir	2a. Mailing Address			4. FEI Number		Applied For
21		26	26			59-0942496		Not Applicable
Suite,	Apt. #, etc.	Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional
22		27	27			5. Certificate of Status Desired	Fee	Required
City &	State	City &	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Court	itry Zip		Country	'	8. This corporation has liability for	ntangible tax under:	s 199.032,
24	25	29	30			Florida Statutes X Yes	□ No	
	9. Name and Add	ress of Current Registered	Agent		,	10. Name and Address of New P	egistered Agent	
				81	Name			
Waksman, Gregory					Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
7015 PELICAN ISLAND DRIVE				62	Stroct Add	1000 from Don Hornbor to Hornbookide		
TAMPA FL 33625				63				
				-				
				84	City		FI 85 2	Zip Code
11. Pursu	ant to the providions of Sec	ctions 607.0502 and 607.1508	3. Florida Statutes, th	e above-i	named corpor	ration submits this statement for the pur	nose of changing its	registered office
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. Along Statutes.								
500-100								
SIGNATI HE Signature: Typed or providing and replicated agents of till account								
12.		OFFICERS AND DIPLOTORS		13.		ADDITIONS/CHANGES TO OFF		ORS IN 12
TILE	P		DELETE	1. 1 TITLE			[☐ Change	
NAM-	WAKSMAN, GRE	GORY		1.2 NAME				
STREET ADDR	WALE SELECTION 10			13 STAEET	ADDRESS			
CITY-ST-ZIF				1.4 CITY-S				ì
THLE	V		□ DELETE	2 1 TITLE	DI-ZIF		[] Change	Addition
NAMi	WAKSMAN, BEN	.IAMIN		2 2 NAME				
STREET ADDE				2 3 STREET	ADDDECC			
CHY SI-ZIP	AFFERIER FI				1			į
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NAME	WAKSMAN, ALBI	FOT	Steel				☐ Change	☐ Addition
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	541141115555			33 STREE				
CITY-ST-ZIP TITLE	FALM HANDON I	L	DELFTE	3.4 CiTY - S	51 - ZIP		FTI Alexandria	
			- Percit	4.1 THLE			Change	☐ Addition
NAME CONTRACTOR	W.CE		1	4.2 NAME				
STREET ADDR	!			4.3 STREET	1			
COTY ST-ZIP	· · · · · · · · · · · · · · · · · · ·			4 4 CiTy - 5	ST - ZiP			
1)∫_E			☐ DELE1E	5. 1 TITLE			☐ Change	☐ Addition
NAMi		<u> </u>		5.2 NAME				
STREET ADDR				5.3 STREET	ADDRESS			
CI ¹ Y · SI · ZIP				5 4 CITY - 9	T - 21P			
III LE			☐ DELETE	6. 1 TITLE	}		☐ Change	☐ Addition
NAME				62 NAME				
STHEET ADDR	RESS			6.3 STREET	ADDRESS			
CITY - S1 - ZIP				6.4 CITY - 5	11 - ZIP			
14 Ldo b	ereby certify that the inform	nation suppliers with this times	- oluntarily furnished	and doe	e not qualify f	for the exemption stated in Section 110	07(0\ft) Florida Chab	doo I & william

4. To a hereby certify that the information supplied with this hing is solutionally turnished and does not quality 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 of 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 13 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNA JURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF DIRECTOR DIRECTOR