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

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business

9301 NE 6TH AVE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMEN 1. Corporation Name	Γ#.	534	502	
COMMERCIAL (COATI	NG SY	STEMS,	INC

Mailing Address

9301 NE 6 AVE

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90089 063 *****8.75 04-01-1999 90089 064 ***150.00



SUITE C-307 MIAMI SHORE	S FL 33138	SUITE C-307 MIAMI SHORES FL 33138			DO NOT WRITE IN THIS SPACE		
US		US .			Date Incorporated or Qualifed 04/08/1977		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			59-1728656 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Sta	te Table	City & State -			6. Election Campaign Financing ☐ \$5.00 May Be Trust Fund Contribution ☐ Added to Fees		
Zip	Country	Zip	Country	ı	8. This corporation owes the current year Intangible		
24	25	29 30			Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Curre	nt Registered Agent		r	10. Name and Address of New Registered Agent		
	007 14150 1 10		81	Name	•		
	COY, JAMES A. JR.		82 Street Address (P.O. Box Number is Not Acceptable)				
	NE 96TH STREET						
MIA	MI SHORES FL 33138		83				
			84	City	85 Zip Code		
					FL []		
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was autho	orized by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Reg		nt signature n	required when reinstating) DATE		
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	MCCOY, JAMES A. JR.		1.2 NAME				
STREET ADDRESS	325 NE 96TH STREET		1.3 STREET	T ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL 33138		1.4 CITY-S	T-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	MCCOY, ANNE		2.2 NAME				
STREET ADDRESS	325 NE 96TH STREET		2.3 STREET	T ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL 33138		2. 4 CITY-S	ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition		
NAME	GEORGE, MARTHA		3.2 NAME		George, Martin		
STREET ADDRESS	AAA ING AAATH ATOFFT		3.3 STREET	TADDRESS	George, Martin 320 NW 126th Street		
CITY-ST-ZIP	NORTH MIAMI FL 33138		3.4. CITY+S		North Miami, FL 33138		
TITLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	T ADDRESS	·		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS	·		
CITY-ST-ZIP	1.		5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME		_	6.2 NAME				
STREET ADDRESS			6.3 STREET	TADDRESS			
CITY OT 710	"]		6.4 CITY-S				

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.