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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97000005318

1. Corporation Name

THE INTERNATIONAL ZINC, COATINGS & CHEMICAL CORP

Principal Place	of Business	Mailing Address		E 1001100 etch (01)1 (00)1 mults unter ontil 4	TITL BEIR BEIRE MISS.	1001 1011 1061
2445 HOLLYWOOD BLVD 2445 HOLLYMOOD BLVD						
HOLLYWOOD EL 33020 HOLLYWOOD FL 33020						
us us				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 10/08/1997		ļ
Principal Place of Business 2a. Mailing Address				4. FEI Number	Apr	olied For
21 PO BOX SILVY 26 POBOX S			1675	51-0350846	Not	Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 , A	
City & State City & State			<u> </u>	6. Election Campaign Financing	\$5.00	May Be
— /	MERONIE FL	28 FT- LAVOERD	ME E	Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24 37	347 [25]	29 333~~ 3	0	Personal Property Tax.	∐ Yes J	12 (No
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Register	ed Agent	
			81 Name	-		}
FALBERG, GREG				(D.O. D. Al., has in blad Accordable)	<u> </u>	
1351 CAMELLIA LANE 7/9 CANOINGS BLUD WESTON FL 38326- 33377 82				ddress (P.O. Box Number is Not Acceptable)	• ,	ļ
WES	TON FL 3 3326 ファ ファ		83			
	, ,					
			84 City	F	-L 85 Zip C	ode
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida, Such change was auti	horized by the corpora	proration submits this statement for the purpose ation's board of directors. I hereby accept the ap) of changing its in a pointment as reg	registered jistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			tegistered Agent signature requ			
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PCD	☐ DELETE	1,1 TITLE	•	Change	Addition
NAME	FALBERG, GREGG		1.2 NAME			
STREET ADDRESS	1001 0141144441 0 412	compined BLVD	1.3 STREET ADDRESS			
CITY-ST-ZIP	WESTON FL 333	<i>ኦ</i> ጉ	1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	FALBERG, ERIC		2.2 NAME			
STREET ADDRESS	WESTON FL 33326 W. DO	NY 266	2.3 STREET ADDRESS	÷		,
CITY-ST-ZIP	WESTON FL 33326 W. DOI	rest, NE DI 31.6	2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE	·	☐ DELETE	4.1 TITLE	-	☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		,	
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

6.4 CITY-ST-ZIP 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 another 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, at on- an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE**

984-217-0669