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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 15 1997 8:00am

Secretary of State

1/97 813-986-5906 Dayone Proble #

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J81307

(7)

ALL MARK PAVEMENT MARKING SYSTEMS,INC.

Principal Place of Business Maining Address P.O. BOX 290560 P.O. BOX 280560 TAMPA FL 33687 TAMPA FL 33687-0560			80		T I ARRINTO BIBY 10104 HABB RHY DRAI FREI BIPH TICH GYDII EIRIT RIDII AIGH IURI		
					3. Date Incorporated or Qualified 07/06/1987	3a. Date of Last Re 03/12/1996	port
2. Principal P	lace of Business	26. Mailing Address			4. FEI Number 59-2828760		plied For Applicable
Suite, Apt.	#, eta	Suite Apt. # etc.			5. Certificate of Status Desired	\$8.75 A	dditional
City & State	6	City & State			6. Election Campaign Financing	\$5.00	<u> </u>
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032.		
24	25 29 9, Name and Address of Current Registered Agent		[30]		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
BUD	NSTINE, KAREN	nt Registered Agent	B1	Name	10. Name and Address of New Re	Jistered Agent	
	22 U.S. 301 NORTH						
#11			82	Street Add	ress (P.O. Box Number is Not Acceptab	(e)	
THONOTOSASSA FL 33592			83				
			84	City		FL 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607, 1508. Florida Stat	utes, the above	e-named con	poration submits this statement for the p	- *****	registered
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was	s authorized by	the corpora	tion's board of directors. I hereby accep	it the appointment as r	egistered
SIGNATURE	Trainial Will and accept the con	gamenta en concilien our loudd, i	Torica Olalutes				
SIGNATURE	Signature, type and profed name of requirers and	jent and the if applicable (NC	OTE Registered Age	nt signature requi	red when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PTD RADCH F	L DELETE	1.1 TITLE			L] Change	Addition
NAME	BORNSTINE, KAREN E. 2816 PEMBERTON CREEK DI	3	1.2 NAME				
STREET ADDRESS	SEFFNER FL	1.	1.3 STREET	i i			
CITY-ST-ZIP TITLE	VS	DELETE	1.4 CITY - 5 2.1 TITLE	I - ZIP		Change	Addition
NAME	BORNSTINE, EDDY A.		2 2 NAME			C Cuange	☐ XOULION
STREET ADDRESS	2816 PEMBERTON CREEK DI	3 .	2.3 STREET	Anneecc			
CITY - ST- ZIP	SEFFNER FL		2 4 CITY-	1			
TITLE	DELETE		3 1 TITLE	31-211		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY - ST - 7IF			3 4. CITY -	ST-ZIP			
TOLE		DELETE	4.1 TITLE			Change	Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZiP			4.4 CITY - 9	IT-ZIP			
TETLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET				
COTY-ST-ZIP		DELETE	5 4 CITY - S 6 1 TITLE	ST - ZIP		Change	Addition
TITLE NAME			6.2 NAME			L Ondrige	- Audinot
STREET ADORESS			6.3 STREET	Anneece			
CITY - STZIP			6.4 CITY - 5				
14. Ldo here	t by certify that the information suppli	ed with this filling does not qua	alify for the exe	motion state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that t	the
informatic Lam an c	on indicated on this annual report or	supplemental annual report is or the receiver or trustee empo	s true and acci owered to exec	urate and tha	t my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made und	der oath; that