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

STREET ADDRESS

SIGNATURE:

CHTY-ST-ZIP

DOCUMENT #
1. Corporation Name J87253

(7)

SUPREME SEAL COATING, INC.

Principal Place	of Business	Mai	ling Address								
2620 S.W. 15TH STREET DEERFIELD BEACH FL 33442-6059 2620 S.W. 15TH STREE DEERFIELD BEACH FL 33442-6059											
							3. Date incorporated or Qualified 08/14/1987	3a. Date	of Las		
2. Principal Pl	Mailing Address				4. FEI Number	L	Ť	Applied For			
21						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State			City & State				Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip 24	Zip Country		Zip Cou 29 30				8. This corporation has liabily for intangible tax under s 199.032, Florida Statutes				
	9. Name and Address of Curren		ered Agent				10. Name and Address of New Re	gistered /	gent		
				1	81	Name					
HARRISON, CAROL E. 2620 SW 15TH STREET				ļ	82	Street Addre	ess (P.O. Box Number is Not Acceptable	9)			
DEERFIELD BCH FL 33442									-		
					84	City		FI	85	Zip Code	
familiar wi	ith, and accept the obligations of, Sect Styrietive, typed or printed name of registered agent			OTE: Rog stered	S gen	it signature required		DATE		TODO 11.10	
12.	OFFICERS AN	ID DIRECT		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	PST	☐ DELETE	1. 1 TITLE				L] Chan	Se T Modition		
NAME	HARRISON, CAROL E.			1.2 NA		1000000					
STREET ADDRESS	2620 S.W. 15TH STREET				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
CITY-ST-ZIP	V DEEKFIELD BEACH FL	DEERFIELD BEACH FL		2 1 Til		I - ZIP			Chan	ge Addition	
TITLE NAME	V WILLIAMS, JAMES J.		_ been	22 NA				_	_		
STREET ADDRESS	2620 S.W. 15TH STREET		231		2 3 STREET ADDRESS						
CITY-S1-ZIP	DEERFIELD BEACH FL			2 4 GIT							
TITLE		☐ DELETE			3 1 TITLE			[Chan	ge 🔲 Addition	
NAME				3.2 NA	ME						
STREET ADDRESS				3.3 ST	REE	T ADDRESS					
CITY+ST+ZIP				3.4 CIT		ST-ZIP			7.6		
TITLE			DELETE	4. 1 Til] Chan	ge 🔲 Addition	
NAME				4.2 NA		1					
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP			F"S DELETE	4.4 00	_	ST-ZIP		r	7 Chan	ge Addition	
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NAME				5.2 NA							
STREET ADDRESS						ADDRESS					
CITY - ST - ZIP	i			# F 4 OU							
			Doriere			ST - ZIP		r	7 Char	ne 🔲 Addition	
TITLE NAME		. <u>.</u>	☐ DELETE	6 1 TF	TLE	51 - ZIP			Char	ge Addition	

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.