PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K09896 1. Corporation Name

INTERNATIONAL DEFINISHING CORP.

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

05-01-1999 90012 012 ***150.00

	THOMAL REFINISHING CO	•						
Principal Place	e of Business	Mailing Address			I I BOUDTE OF O		QIB 4:8(; 8:8() 0:	(81) 91911 1881
4131 SW 47 AV	/ENUE	4131 SW 47 AVENUE						
SUITE 1402 FT. LAUDERDALE FL 33314		SUITE 1402 FT. LAUDERDALE FL 33314			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporate 12/31/1987	ed or Qualifed		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Apı	plied For
21					65-0019354		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Star	us Desired			
22		27					<u></u>	
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Country	28 Zip	Countr	ν		owes the current year		01000
24	25	·	30	•	Personal Proper	· · · · · · · · · · · · · · · · · · ·		□No
	9. Name and Address of Curre			_	10. Name and Addi	ress of New Registere	d Agent	
			8	1 Name)		-	
	HALTER, MARK		8:	2 Stree	t Address (P.O. Box Number	is Not Acceptable)		-
	SW 47 AVE							
	'E 1402 Auderdale fl 33314		8:	3				
FIL	AUDERDALE I E 333 14		84	4 City			85 Zip C	Code
		00 1007 4500 51-14- 61-44			d annountion submits this stat	tomant for the purpose		ragistared
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	e of Florida. Such change was au	thorized by	ve-name v the con	poration's board of directors.	I hereby accept the app	ointment as req	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statute	s.		•		1
agent. I a		ations of, Section 607.0505, Flori	da Statute	·S.		DATE		
agent. I a	Signature, typed or printed name of registered age	ations of, Section 607.0505, Flori	da Statute	·S.	required when reinstating)	DATE NGES TO OFFICERS A	AND DIRECTO	
agent. I a	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	da Statute Registered Ag	ent signature	required when reinstating)		AND DIRECTO	
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14. I hereby certify that the information supplied with this diling 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 Charlete 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE

752-1805