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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

L61649

(4)

DOCUMENT # DESIGNER FIXTURE COATINGS, INC. Principal Place of Business Mailing Address % DONALD SPENCE % DONALD SPENCE 5100 DUPONT BLVD #3N 5100 DUPONT BLVD #3N FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1990 Mailing Address 4. FEI Number Applied For ENCK 28 65-0186752 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible_ Personal Property Tax due June 30. ☐ Yes 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPENCE, DONALD 5100 DUPONT #3N 82 Street Address (P.O. Box Nu FT. LAUDERDALE, FL **PLANTATION FL 33308 B3** 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE SPENCE, DONALD 2250NEG2GT NAME 12 NAME OTOG DUPUNT FOR STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 3*330*8 CITY-ST-ZIP 1.4 City - ST- ZiP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-ST-2IP CITY-ST-ZIP TITLE ☐ DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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

6.2 NAME 6.3 STREET ADDRESS

CIGNATURE:

NAME

STREET ADDRESS

FILED

Jan 29 1998 8:00am

Secretary of State