File on or before May 1, 1998 or Limited subject to a \$ 400.00 LATE FEE.	Ljability Com	pany will be			
LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State Division of Corporations			SECRETARY OF STATE DIVISION OF CORPORATIONS		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee			98 AUG 2	4 AM 10: 50	
\$ 188.76 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address DOCLINGENT # 4 (37) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47) 4 (47					
1. Name and Mailing Address of Limited Blability Company DOCUMENT # (9700000591					
			1a. Principal Place of Business Address		
Pure Coatings, LC			3301 Electronics Waw West Palm Beach, FL 33407		
2 Principal Place of Business 2a. Mailing Address			3. Date Organized or Qualified   3s. State of Formation		
Suite Apt. N. etc.			7/1/97	FL	
Suite, Apr. #, etc.			4. FEI Number	Applied For	
City & State City & State			650762285	Not Applicable	
Zip ZZYD7 Country Zip	Count	ry	5. Date of Last Report	6. Certificate of Status Desired  \$8.75 Additional Fee Required	
7. Name and Address of Current Registered	Agent	8. Na	ame and Address of New Re	gistered Agent/Office	
Theodore T. Tarone, Esquire AVIS & AVIS, P.A. 1201 U.S. Hwy One, Suite 435 North Palm Beach, FL 33408		Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apit. #, etc.			
		City Zip Code			
<ol> <li>Pursuant to the provisions of Sections 608.416 and 608.508 its registered office or registered agent, or both, in the State of Floras registered agent, and accept the obligations.</li> </ol>	. Florida Statutes, the al rida. Such change was a	bove-named limited li uthorized by affirmati	iability company submits this s ve vote of a majority of the mem	tatement for the purpose of changing libers. I hereby accept the appointment	
SIGNATURE (Registered Agent Accepting Appoint and - ##			DATE		
10. Title Managing Members/Managers	Business Street Address			City, State and <b>Z</b> ip Code	
MGRM George Bognar	3301 Elec	tronics W	ay West	Palm Beach, FL 33407	
MGRM Laurence Tosi, Jr.	3301 Elec	tronics W	ay WPB,	FL 33407	
		-	[ ~08	1262 <b>6671</b> 5 /27/98- <b>-01</b> 076002 **588.75 ****588.75	
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If unther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

.. van IBE:

eru Sbip-

7-14-58 561-844 0100