

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21866** (9)

1. Corporation Name
PURE COATINGS, INC.



Principal Place of Business: **3301 ELECTRONICS WAY WEST PALM BEACH FL 33407**
Mailing Address: **3301 ELECTRONICS WAY WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified: **11/22/1988**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **59-2805167**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKHILL, J.S.	12 NAME	
STREET ADDRESS	12 PLEASANT ST	13 STREET ADDRESS	
CITY-STATE-ZIP	DOVER MA	14 CITY-STATE-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICHMAN, P J	22 NAME	
STREET ADDRESS	347 SANDPIPER AVE	23 STREET ADDRESS	
CITY-STATE-ZIP	ROYAL PALM BCH FL	24 CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEEPLE, W.W.	32 NAME	
STREET ADDRESS	1 PIERCE LANE	33 STREET ADDRESS	
CITY-STATE-ZIP	AMHERST NH	34 CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSALL, T J	42 NAME	
STREET ADDRESS	1000 LAKE BREEZE DR	43 STREET ADDRESS	
CITY-STATE-ZIP	WELLINGTON FL	44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: P. J. Fichman 02/14/96 407-844-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)