

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000057045 (5)

1. Corporation Name

THE FAIRING SPECIALIST INC.

Principal Place of Business

2213 E ATLANTIC BLVD
POMPANO BEACH FL 33062

Mailing Address

2213 E ATLANTIC BLVD
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1993

4. FEI Number

65-0428846

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year tangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 101 SE 7th
Suite, Apt. #, etc.

22 Bay 49/1B
City & State

23 Deerfield Beach
Zip

24 33441 Country

2a. Mailing Address

26 900 E Atlantic Blvd
Suite, Apt. #, etc.

27 City & State

28 Pompano Beach, FL
Zip

29 33060 Country

10. Name and Address of New Registered Agent

81 Name

Charles Drouin

82 Street Address (P.O. Box Number is Not Acceptable)

900 E Atlantic Blvd

83

84 City

Pompano Beach

FL

85 Zip Code

33060

9. Name and Address of Current Registered Agent
CHARLES, DROVIN E.
2213 E. ATLANTIC BLVD.
POMPANO BCH FL 33062

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 (Printed or printed name of registered agent and not applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DROVIN, CHARLES E
STREET ADDRESS 240 NW 40TH TERRACE
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ DELETE

NAME DODD, NICHOLAS
STREET ADDRESS 246 GULLS NEST ROAD
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles Drouin

Charles Drouin

1-25-98 (954) 771-3757

CR2E034 (10/97)