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 # **P93000085562 (5)**

1. Corporation Name

ANODIZING PROFESSIONALS, INC.

Principal Place of Business

1125 48 ST
BAY #1
MANGONIA PARK FL 33407
US

Mailing Address

2346 NW BRITT CT
STUART FL 34994
US

3. Date Incorporated or Qualified: **12/08/1993**

3a. Date of Last Report: **04/06/1995**

4. FEI Number: **65-0455197** ☐ Applied For ☐ Not Applicable

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 1113 48 ST STREET
22 State, Apt. # or Bldg. Bay 6
23 City & State MANGONIA PARK, FL
24 Zip 33407 25 Country PALM BEACH

2a. Mailing Address

26
27 State, Apt. # or Bldg.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

NORDGREN, G.O.
2346 NW BRITT CT
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME **PSTD**
Street Address **NORDGREN, GUS**
City-St-Zip **2346 NW BRITT CT**
STUART FL
☐ DELETE

TITLE
NAME
Street Address
City-St-Zip
☐ DELETE

TITLE
NAME
Street Address
City-St-Zip
☐ DELETE

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Street Address
City-St-Zip
☐ DELETE

TITLE
NAME
Street Address
City-St-Zip
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
1a NAME
1b STREET ADDRESS
1c CITY-ST-ZIP
☐ Change ☐ Addition

2 TITLE
2a NAME
2b STREET ADDRESS
2c CITY-ST-ZIP
☐ Change ☐ Addition

3 TITLE
3a NAME
3b STREET ADDRESS
3c CITY-ST-ZIP
☐ Change ☐ Addition

4 TITLE
4a NAME
4b STREET ADDRESS
4c CITY-ST-ZIP
☐ Change ☐ Addition

5 TITLE
5a NAME
5b STREET ADDRESS
5c CITY-ST-ZIP
☐ Change ☐ Addition

6 TITLE
6a NAME
6b STREET ADDRESS
6c CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is accurate, complete, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: G.O. Nordgren G.O. NORDGREN, PRESIDENT 1/11/96 (407) 842-6974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone