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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

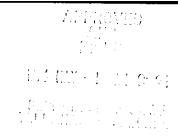
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P9400005535 (7)

DURASEAL OF THE TREASURE COAST, INC.





Principal Place	of Business	Mailing Address	Mailing Address		F LOBSTRACE THE SEXIL ELENY BEHIN OBTHS EDINT BRIEF BEIGH BRIEF STUDY BLIEF STUDY 1919 1919 1920 1	
2085 S.W. LIBRA LANE PORT ST. LUCIE FL 34984			2085 S.W. LIBRA LANE PORT ST. LUCIE FL 34984			
• Distinct Di					3. Date Incorporated or Qualified 01/24/1994	3a. Date of Last Report 05/01/1995
2. Principal Pl	ace of Business	2a. Mailing Address			4. F£I Number	Applied Fer
Suite, Apt. #, etc.		Suite, Apt. #. etc			65-0467237	Not Applicable
22		27	- 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		Election Campaign Financing	
23		[28]			Trust Fund Contribution	S5.00 May Be Added to Fees
[Zφ	Country	Zip	Coun	try	8. This corporation has liability for i	
24	9, Name and Address of Cur	29	30		Florida Statutes Yes	□No
	9, Name and Address of Cur	rent Registered Agent		B1 Name	10. Name and Address of New R	egistered Agent
OI HEIO	N, OVID			31 Name		
	n, ovid W. Libra lane		1	Street Add	iress (P.O. Box Number is Not Acceptab	le)
	IT. LUCIE FL 34984		ļ.	33		
	1. 20012 (2.01001					
			8	14 City		FL 85 Zip Code
 Pursuant to or registered 	o the provisions of Sections 607.05 ad agent, or both, in the State of Fl	502 and 607,1508, Florida Sta orida: Such change was autho	states, the above	e named coglo rub atkin's boa	ration submits this statement for the purp and of directors. Thereby accept the appo	pose of changing its registered office
	h, and accept the obligations of Se	ection: 607,0505, Florida Statu	ites.		and the second s	work, it as respect agent 1 are
SIGNATURE _	Signature, typed or printed name of regulared a,	need and have based made.	(NOTE Registere LA	177		
12.		AND DIRECTORS	13.	ger Cognacole require	ADDITIONS/CHANGES TO OFFI	CERCAND DIDECTORS IN 10
TITLE	D	☐ DELETE	1 1 1171		ABOTTONS OF INICES TO OFFE	Change Addition
NAME	QUIRION, OVID		1.2 NAM	E		Grang Addition
STREET ADDRESS	2085 S.W. LIBRA LANE		1.3 STRE	ELLAUDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	<u> </u>	14011	-SI-ZIP		
THLE		☐ DELFTE	2 1 TuTu	;	sann:	001825838
NAME			2.2 NAM	f	-05/17	/9601008001
STREET ADDRESS			2.3 STRE	ETA::ORESS	****・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	00.00 ****200.00
CITY-ST-ZIP			2.4 CI**	-S ZIP		
TITLE		DELETE	3 1 []][F		□ Change □ Addition
NAME			3.2 NAM	·		
STREET ADDRESS			3.3 STR	SELFADORESS		
CHY-ST-ZIP TITLE		— Dutt	3.4 C/IY			
NAME		DELETE	4 1 TITL	ĺ		Change [] Addition
STREET ADDRESS			4.2 NAM			
CITY-SI-ZIP				ET AT DRESS		
TITLE	······································	DELETE	4.4 OFF 5.1 DELI			
NAME		CD	5.2 NAM:			Crange Addition
STREET ADDRESS				FLALDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6 (TITLE			Change Addition
NAME		_	6.2 NAME			C O sange C Accounts
STREET ADDRESS				ET AT ORESS		
CITY - ST - ZIP			6.4.017*	S1 - 3P		į
14. I do hereby	certify that the information supplied	d with this filing is voluntarily fo	rnished and do	es rot qualify fo	or the exemption stated in Section 119.0	7(3%) Florida Statutes Uturther

ndicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it ade under specific true and accurate and that my signature shall have the same legal effect as if it ade under a first corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name as a first chapter 607 or an attachment with an address. certify that the information oath; that I am an officer or appears in Block 12 or Blo

SIGNATURE:

5-1-96 407 340 0235