

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 # P94000007499

1. Corporation Name

ADVANCED PLATING CONCEPTS, INC.

Principal Place of Business

Mailing Address

**719-THIRD-AVENUE
NEW SMYRNA BEACH, FL 32169
USA**

**719-THIRD-AVENUE
NEW SMYRNA BEACH, FL 32169
USA**

3. Date Incorporated or Qualified
01/31/94

3a. Date of Last Report
07/07/95

4. FEI Number

☒ 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 **4166 SO. ATLANTIC AVENUE**

Suite, Apt. #, etc.

22

City & State

23 **NEW SMYRNA BEACH, FL**

Zip

32169

Country

USA

2a. Mailing Address

26 **4166 SO. ATLANTIC AVENUE**

Suite, Apt. #, etc.

27

City & State

28 **NEW SMYRNA BEACH, FL**

Zip

32169

Country

USA

9. Name and Address of Current Registered Agent

**CYNTHIA FERRARO
719-THIRD-AVENUE
NEW SMYRNA BEACH, FL 32169**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4166 SO. ATLANTIC AVENUE

83 **NEW SMYRNA BEACH**

84 City

FL

85 Zip Code
32169

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, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P/D** ☐ DELETE
NAME **RENE CHARPENTIER**
STREET ADDRESS **719-THIRD-AVENUE**
CITY-STATE-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **VP/S/T** ☐ DELETE
NAME **DORIS CHARPENTIER**
STREET ADDRESS **719-THIRD-AVENUE**
CITY-STATE-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **4166 SO. ATLANTIC AVENUE**
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4166 SO. ATLANTIC AVENUE**
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

**400001887294
-07/09/96--01053--024
***225.00**

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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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

RENE CHARPENTIER/PRESIDENT

06/17/96

(904) 424-9173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)