FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90139 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400065582

1. Corporation Name

WESTMINSTER FINISHING, INC.

								8)
Principal Place	e of Business	Mailing Address				- I	I BIION QUAN BIN	01 0110 101 1991
4400 NW 19TH AVE		4400 NW 19TH AVE						
STE D		STE D	STE D					
POMPANO BEACH FL 33064			NGSTEM EMBEGREMENE FL 33064			DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed 09/07/1994	•	
2. Principal P	lace of Business	2a. Mailing Address	-		,	4. FEI Number	A	pplied For
21		26				65-0566835		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional
		27						Required
City & State	e	City & State				6. Election Campaign Financing		May Be
23	Country	28 POMPANO BE	Countr	٠		Trust Fund Contribution		to rees
Zip	Country	├- -	30	y		This corporation owes the current year In Personal Property Tax.	tangible Yes	⊠ No
24	9 Name and Address of Currer	29 29 Agent]30]			10. Name and Address of New Registered		
	g. Name and Address of Curren	it itegistered Agent	81	1 N	Vame	To. Warne and		
NOTT, CHRISTOPHER				<u> </u>			·	
4400 NW 19TH AVE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
STE D			83	3		····		
NOR	ITH LAUDERDALE FL 33064			Д.				
			84	4) C	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abov	ve-na	amed corpor	ration submits this statement for the purpose of	changing it	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized by	v the	corporation	n's board of directors. I hereby accept the appo	intment as r	egistered
	in lamiliar with, and accept the obliga	nions of, dection our loops, i lo		J .			i	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Age	ent sig	gnature required v	when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PVT	☐ DELETE 1.1 T				· · ·	Change	Addition
NAME	NOTT, CHRISTOPHER		1.2 NAME					
STREET ADDRESS	1239 SW 74TH AVE 1.3S		1.3 STREE	ET ADI	DRESS			
CITY-ST-ZIP	NORTH LAUDERDALE FL			ST-ZIF	Р			
TITLE	S	☐ DELETE	2.1 TITLE		1		Change	Addition
NAME	nott, andrea		2.2 NAME		Ì			
STREET ADDRESS	1222 211 1111111		2.3 STREE	ET ADO	ORESS			
CITY-ST-ZIP	NORTH LAUDERDALE FL		2.4 CITY-	ST-ZI	IP .	<u> </u>	·	
TITLE	_		3.1 TITLE				☐ Change	Addition (
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ET ADI	DRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY-		IP		·	- Addition
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME				•	
STREET ADDRESS			4.3 STREE	ET ADI	DRESS			
CITY-ST-ZIP		Fineres	4.4 CITY-5		Р		- Change	Addition
TITLE		☐ DELETE	5.1 TITLE				Change	
NAME			5.2 NAME		2222			
STREET ADDRESS			5.3 STREE		1			
CITY-ST-ZIP		F1 per ere	5.4 CITY-S 6.1 TITLE		Р	· 	☐ Change	☐ Addition
TITLE		☐ DELETE	6.2 NAME					
NAME			6.3 STREE		DDEED			
STREET ADDRESS			0.3 3 I NEE		UNEGO			

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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE OF SIGNING OFFICER OR DIRECTOR