

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

FILED
Jun 19 1997 8:00am
Secretary of State

DOCUMENT # P95000027744 (8)

1. Corporation Name
ASSOCIATED POWDER COATING SYSTEMS, INC.

Principal Place of Business

P.O. BOX 451947
SUNRISE FL 33345
10460 NW 50 Street
Sunrise, FL 33351

Mailing Address

P.O. BOX 451947
SUNRISE FL 33345
10460 NW 50 Street
Sunrise, FL 33351

3. Date Incorporated or Qualified
04/07/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 10460 NW 50 Street

27 Suite, Apt. #, etc.

28 Sunrise, FL

29 Zip

30 Country

USA

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

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311

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 of 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MCLEOD, RODERICK J
STREET ADDRESS 6700 S.W. 16TH STREET
CITY-ST-ZIP PLANTATION FL 33317 ☐ DELETE

TITLE D
NAME MCLEOD, MICHELE M
STREET ADDRESS 10330 N.W. 55TH STREET
CITY-ST-ZIP SUNRISE FL 33351 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President / VP ☒ Change ☒ Addition
1.2 NAME Roderick S. McLeod
1.3 STREET ADDRESS 10440 NW 50 St.
1.4 CITY-ST-ZIP Sunrise, FL 33351

2.1 TITLE Sec/Treasurer ☒ Change ☒ Addition
2.2 NAME McLeod, Michele M
2.3 STREET ADDRESS 10330 NW 55 Street
2.4 CITY-ST-ZIP Sunrise, FL 33351

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 0000002217430
5.3 STREET ADDRESS -06/19/97-01092--035
5.4 CITY-ST-ZIP ***165.00

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

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: Michele M. McLeod 4/30/97 (954) 746-5731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roderick S. McLeod

4/30/97

Daytime Phone #