**PROFIT** CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

| 1. Corpora               | DIVIENT # P950 States FIREPROOFING,                                    |   |                     |                    |                     |  |  |  |  |
|--------------------------|--|---|---------------------|--------------------|---------------------|--|--|--|--|
| Principal P              | lace of Business   | 1 10011001 110 10101 00111 00111 00111  |                     |                    |                     |  |  |  |  |
| 2000 AVENL<br>RIVIERA BC |  | 2000 AVENUE P. #12<br>RIVIERA BCH. FL 33404   |                     |                    |                     | DO NOT WR <u>I</u>   |  |  |  |
|                          |  |   |                     |                    |                     | 3. Date Incorporated or Qualife 04/12/1995   |  |  |  |
| 2. Principa              | l Place of Business  | 2a. Mailing Address   |                     |                    |                     | 4. FEI Number 65-0611123   |  |  |  |
|                          | pt. #, etc.  | Suite, Apt. #, etc.   | -                   |                    | ,                   | 5. 'Certifcate of Status' Desired  |  |  |  |
| City & 5                 | State  | City & State  |                     |                    |                     | Election Campaign Financing     Trust Fund Contribution  |  |  |  |
| Zip                      | Country<br>25  | Zip   | Cour                | ntry               |                     | This corporation owes the curr     Personal Property Tax.  |  |  |  |
| 24]                      |  | f Current Registered Agent  | <u>-,</u>           |                    |                     | 10. Name and Address of New F  |  |  |  |
| 10                       | RY, J. MARSHALL ATTY.<br>051 NOKOMIS STREET<br>LEARWATER FL 34615      |   |                     | 81<br>82<br>83     | Name<br>Street      | Address (P.O. Box Number is Not Accepta  |  |  |  |
| office                   | or registered agent, or both, in the lam familiar with, and accept the | ne State of Florida. Such change was aut<br>ne obligations of, Section 607.0505, Floric | norized<br>la Statu | oové<br>by<br>ites | e-named<br>the corp | corporation submits this statement for the oration's board of directors. I hereby acception or the oration's board of directors. |  |  |  |
| 12.                      |  | ERS AND DIRECTORS   | 13.                 |                    |                     | ADDITIONS/CHANGES TO OF  |  |  |  |
| TITLE<br>NAME            | DP<br>DESILVA, ROBERT  | ☐ DELETE  | 1.1 TiT<br>1.2 NA   |                    |                     |  |  |  |  |

FILED Apr 14, 1999 8:00 am Secretary of State

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|                                       |  |              |                       |                    |       |                 |                            |  | (1) <b>00</b> 411 <b>00</b> 110 1 |                     |                     |                     |  |
|---------------------------------------|--|--------------|-----------------------|--------------------|-------|-----------------|----------------------------|--|-----------------------------------|---------------------|---------------------|---------------------|--|
| Principal Place                       | e of Business  | Ma           | iling Address         |                    |       |                 | 1                          |  |                                   |                     |                     |                     |  |
| 2000 AVENUE P. #12 2000 AVENUE P. #12 |  |              |                       |                    |       |                 |                            | •  |                                   |                     |                     |                     |  |
| RIVIERA BCH. FL 33404                 |  | RIV          | RIVIERA BCH. FL 33404 |                    |       |                 | DO NOT WRITE IN THIS SPACE |  |                                   |                     |                     |                     |  |
|                                       |  |              |                       |                    |       |                 | -                          | 3. Date Incorporated or Qualifed   | 12 114 17110                      | <u> </u>            |                     |                     |  |
|                                       |  |              |                       |                    |       |                 |                            | 04/12/1995   |                                   |                     |                     |                     |  |
| - D: : ID                             |  | 1.0-         | Mailing Address       |                    |       |                 |                            | 4. FEI Number  |                                   | $-\tau$             | Anni                | ied For             |  |
| 2. Principal Place of Business        |  |              | H-7' ' '              |                    |       |                 | 65-0611123                 |  |                                   |                     | Applicable          |                     |  |
| 21                                    |  | 26           | Chiles And House      |                    |       |                 |                            | 00 0011123   | 1.2                               | <b>¢9</b> 7         |                     | ditional            |  |
| Suite, Apt.                           | #, etc   |              | Suite, Apt. #, etc.   | _                  |       |                 | -   -                      | 5. 'Certifcate of Status Desired   | X                                 |                     | e Regi              |                     |  |
| 22                                    | <u> </u>   | 27           | City 9 Ctata          |                    |       |                 |                            |  |                                   |                     | •                   |                     |  |
| City & State                          | 9  | -            | City & State          |                    |       |                 |                            | <ol><li>Election Campaign Financing<br/>Trust Fund Contribution</li></ol>  |                                   |                     | ded to              | lay Be              |  |
| 23                                    | Country  | 28           |                       | Cour               | try   |                 | -                          |  | root voor Inte                    |                     | 100 10              | 1003                |  |
| Zip                                   | Country  | Ь            | Zip _                 |                    | iti y |                 |                            | <ol><li>This corporation owes the cur<br/>Personal Property Tax.</li></ol> | ent year inte                     | Yes                 | Г                   | ⊒No │               |  |
| 24                                    | 25   | 29           |                       | 30]                |       |                 |                            | 10. Name and Address of New  | Registered A                      |                     |                     |                     |  |
|                                       | 9. Name and Address of Curr  | ent Regis    | ered Agent            |                    | 81    | Name            | <u>'</u>                   | U. Halle and Fouress of New  | togiotore :                       | <u></u>             |                     |                     |  |
| ERY                                   | J. MARSHALL ATTY.  |              |                       | ĺ                  | ٠.۱   |                 |                            |  |                                   |                     |                     |                     |  |
|                                       | NOKOMIS STREET   |              |                       | ſ                  | 82    | Street A        | Address                    | (P.O. Box Number is Not Accept   | able)                             |                     |                     |                     |  |
|                                       | ARWATER FL 34615   |              |                       |                    |       |                 |                            |  |                                   |                     |                     |                     |  |
| CLEA                                  | HINAIER PE 34013   |              |                       | ŀ                  | 83    |                 |                            |  |                                   |                     |                     |                     |  |
|                                       |  |              |                       | }                  | 84    | City            |                            |  |                                   | 85                  | Zip Co              | ode                 |  |
|                                       |  |              |                       |                    |       | -               |                            |  | FL                                | بلب                 |                     |                     |  |
| office or n                           | to the provisions of Sections 607.0 egistered agent, or both, in the Sta | te of Florid | a. Such change was a  | iuthorized         | bv I  | ine corpor      | corporat                   | tion submits this statement for the<br>board of directors. I hereby acce   | purpose of pt the appoin          | changin<br>ntment a | g its re<br>is regi | egisterea<br>stered |  |
| agent. I a                            | m familiar with, and accept the obli                                     | igations of, | Section 607.0505, Flo | rida Statu         | tes.  |                 |                            | ,  | ,                                 |                     |                     |                     |  |
| SIGNATURE                             |  |              |                       |                    |       |                 | _                          |  |                                   |                     |                     | \                   |  |
|                                       | Signature, typed or printed name of registered                           |              |                       | : Registered       | \gent | t signature rec | quired who                 | en reinstating)  | DATE                              |                     |                     | <del></del> _       |  |
| 12.                                   | OFFICERS   | AND DIRE     |                       | 13.                |       |                 |                            | ADDITIONS/CHANGES TO OF  | FICERS AN                         | D DIRE<br>☐ Cha     |                     | S IN 12             |  |
| TITLE                                 | DP   |              | ☐ DELETE              | 1.1 Titt           | E     |                 |                            |  |                                   | Пон                 | iige                | [] Addison          |  |
| NAME                                  | DESILVA, ROBERT  |              |                       | 1.2 NA             | ďΕ    |                 |                            |  | -                                 |                     |                     |                     |  |
| STREET ADDRESS                        | 11646 RIVERCHASE RUN   |              |                       | 1.3 57             | REET  | ADORESS         |                            |  |                                   |                     |                     | }                   |  |
| CITY-ST-ZIP                           | WEST PALM BEACH FL 334   | 12           |                       | 1.4 CIT            | Y- ST | r-ZIP           |                            |  |                                   |                     |                     |                     |  |
| TITLE                                 | DP   |              | ☐ DELETE              | 2.1 TIT            | £     |                 | <b>D</b>                   |  |                                   | Cha                 | nge                 | ☐ Addition          |  |
| NAME                                  | DESILVA, ROBERT  |              |                       | 2.2 NA             | ME    |                 | $\mathcal{D}e$ .           | SILVA, KOBERT  |                                   | •                   |                     | - 1                 |  |
| STREET ADDRESS                        | 4250 HICKORY DR.   |              |                       | 2.3 STI            | REET  | ADDRESS         | 1164                       | 16 RIVERCHASE IC   | 4N                                |                     |                     |                     |  |
| CITY-ST-ZIP                           | PALM BEACH GARDENS FL  | 33418        | • • • • •             | 2. 4 Cr            | Y-\$1 | T-ZIP           | Wes                        | SILVA ROBERT<br>16 RIVERCHASE RI<br>ST PAM BEACL FL                        | <u>. 3341</u>                     | <u></u> _           |                     |                     |  |
| TITLE                                 |  |              | ☐ DELETE              | 3.1 TIT            | ĻΕ    |                 |                            | 1.   |                                   | Cha                 | nge                 | ☐ Addition          |  |
| NAME                                  |  |              |                       | 3.2 NA             | ME.   |                 |                            |  |                                   |                     |                     | j                   |  |
| STREET ADDRESS                        |  |              |                       | 3.3 ŠTI            | REET  | ADDRESS         |                            |  |                                   |                     |                     |                     |  |
| Į.                                    |  |              |                       | 3.4. CF            |       | - 1             |                            |  |                                   |                     |                     | _                   |  |
| CITY-ST-ZIP<br>TITLE                  |  |              | ☐ DELETE              | 4.1 TIT            | _     | -               |                            |  |                                   | Cha                 | inge                | Addition            |  |
| NAME                                  |  |              |                       | 4. 2 NA            | ME    |                 |                            |  |                                   |                     |                     |                     |  |
|                                       |  |              |                       |                    |       | ADDRESS         |                            |  |                                   |                     |                     |                     |  |
| STREET ADDRESS                        | <u>, -</u>   |              |                       |                    |       |                 |                            |  |                                   |                     |                     |                     |  |
| CITY-ST-ZIP                           | <u> </u>   |              | ☐ DELETE              | 4.4 CIT<br>5.1 TIT |       | -215            |                            | <u></u>  | · · · ·                           | Cha                 | inge                | ☐ Addition          |  |
| TITLE                                 |  |              |                       | 5.1 III            |       | -               |                            |  |                                   | _                   | •                   |                     |  |
| NAME                                  | ٠  |              |                       |                    |       | ADDRESS         |                            |  |                                   |                     |                     |                     |  |
| STREET ADDRESS                        | ·  |              |                       |                    |       | - 1             |                            |  |                                   |                     |                     |                     |  |
| CITY-ST-ZIP                           |  |              | □ DELETE              | 5.4 CIT<br>6.1 TIT |       | -2117           |                            | <del></del>  |                                   | Cha                 | nne                 | ☐ Addition          |  |
| TITLE                                 |  |              |                       | •                  |       | -               |                            |  |                                   | L.J 0/10            |                     |                     |  |
| NAME                                  |  |              |                       | 6.2 NA             |       |                 |                            |  |                                   |                     |                     |                     |  |
| STREET ADDRESS.                       |  |              |                       | 6.3 ST             | REET  | ADDRESS         |                            |  |                                   |                     |                     |                     |  |

6.4 CITY-ST-ZIP 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 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, with all other like empowered.

**SIGNATURE**