

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056030 (6)

1. Corporation Name

LIKE-NU METAL FINISHING, INC.



Principal Place of Business

2100 OCEAN SHORE BLVD
UNIT 115
ORMOND BEACH FL 32176

Mailing Address

2100 OCEAN SHORE BLVD
UNIT 115
ORMOND BEACH FL 32176

2. Principal Place of Business

21 1121-B STATE AVE

Suite, Apt. #, etc.

22 City & State

23 HOLLY HILL, FLA 32117

Zip Country

24 32117

2a. Mailing Address

26 2100 Ocean Shore Blvd

Suite, Apt. #, etc.

27 115

City & State

28 Ormond by the Sea FLA

Zip Country

29 32176

30

3. Date Incorporated or Qualified

07/18/1995

3a. Date of Last Report

New Corp 1996/11

4. FEI Number

59-3329657

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

PROASI, WILLIAM G
2100 OCEAN SHORE BLVD
UNIT 115
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name

WILLIAM G PROASI

82 Street Address (P.O. Box Number is Not Acceptable)

2100 Ocean Shore Blvd. # 115

83

84

ORMOND BY THE SEA

FL

85

Zip Code
32176

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

William G Proasi

x

4/27/96

Signature of principal officer of registered agent or of beneficial owner (If title of Registered Agent signature requires full name, print full name.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D PROASI, WILLIAM G
STREET ADDRESS 2100 OCEAN SHORE BLVD UNIT 115
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ DELETE
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM G PROASI

x

4/27/96

901-253-8118

Daytime: FL area

CR2E034 (12/95)