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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500063314

1. Corporation Name

Principal Place of Business

(BOND) PAINT & CHEMICALS, INC.

118 NW 5TH ST FT LAUDERDAL		118 NW 5TH ST FT LAUDERDALE FL 33301 US				•		
US	E FE 33301				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
	•				08/16/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	L	Αp	plied For
21		26			65-0614652		No	t Applicable
_ Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>-</u> -	-·	5. Certifcate of Status Desired			dditional quired
City & Stat	Δ.	City & State			6. Election Campaign Financing	\$5	. 00	May Be
23	•	28			Trust Fund Contribution			o Fees
Zip	Country		Country		8. This corporation owes the current year In	tangible)	
24	25	29 30	•		Personal Property Tax.	Ye		Mo
=-1	9. Name and Address of Current				10. Name and Address of New Registered	Agent		
	· · ·		81	Name				
YAROSH, VLADIMIR 1817 S OCEAN DR #228			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		•	
	LANDALE FL 33009		83					
IIALI	DANDALL I C 00009		03					
			84	City	FI	85	Zip (Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations.	t Fiorida. Such chande was author	าวยด ถึง	tne corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	changi intment	ng its as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	stered Agen	t signature requ	urred when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Ch	ange	☐ Addition
NAME	YAROSH, VLADIMIR		1.2 NAME					
STREET ADDRESS	1817 SOUTH OCEAN DRIVE, #	228	1.3 STREET	ADDRESS				
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY- ST	r-ZIP				
TITLE	11/10/10/10/10		2.1 TITLE			Ch	ange	Addition
NAME		1:	2.2 NAME	ļ				
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP	The state of the s		2. 4 CITY - S		The second secon	AT 1	-	
TITLE			3.1 TITLE			☐ Ch	ange	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE		····	4.1 TITLE				ange	☐ Addition
NAME		1.	4. 2 NAME					
STREET ADDRESS	DRESS 4.3		4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-ZIP				
TITLE			5.1 TITLE			Ch	nange	Addition
NAME			5.2 NAME	1				
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	r-ZIP				
TITLE		☐ DELETE	6.1 TITLE	-		∐ Ch	ange	☐ Addition
NAME	_		6.2 NAME					
etheet Annoese	1. 3 1 550		6.3 STREET	ADDRESS				

14. 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP