FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081237 (6)

COATIN	ig and i	Maging Techi	NOLOGY, INC	,								
Principal Place of Business Mailing Address								_		DEEL AUTOL IELEI	## ## ## 11 ## 11	161 7 401 1891
12913 BALSAM AVENUE 12913 BALSAM AVENUE HUDSON FL 34669 HUDSON FL 34669									DO NOT WRIT	E IN THIS S	PACE	
1								3.	Date Incorporated or Qualified			 -
l									10/23/1995			
2. Principal P	lace of Busin	ess	2a. Mailir	2a. Mailing Address				4.	FEI Number		A	oplied For
21			26	26					<u>59-3353154</u>		N	ot Applicable
Suite, Apt.	#, etc.	_	Suite 27	Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional equired
City & State	e		City 8	City & State				6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24		Country 25	Zíp 29		Coun	try			This corporation owes or has p Personal Property Tax due Jun	e 30. 🗹	Yes [tangible No
	9. Name	and Address of Cur	rent Registered	Agent				10.	Name and Address of New R	egistered A	gent	
JOHN SULLIVAN							Name					
12913 BALSAM AVE						32 Street Address (P.O. Box Number is Not Acceptable)				-		
HUDSON FL 34669												
-					1	33						
						34	City		· · · · · · · · · · · · · · · · · · ·	FL		Code
11. Pursuant l office or re agent. I a	to the provisi egistered ag m familiar wi	ons of Sections 607.6 ent, or both, in the St th, and accept the ob	0502 and 607.150 ate of Florida. Suc oligations of, Secti	8, Florida Statu ch change was on 607.0505, F	ites, the abo authorized lorida Statu	ove- by tes.	named cor the corpora	poration's b	n submits this statement for the coard of directors. I hereby acce	purpose of pt the appo	changing i sintment as	ts registered registered
SIGNATURE					*							
							t signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PSD	OFFICERS	AND DIRECTORS				13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFI	CERS AND	Change	Addition
NAME PAWLOWSKI, JULIAN					1.2 NAM						Onlingo	
STREET ADDRESS		ALSAM AVENUE					1.3 STREET ADDRESS					
CITY-ST-ZIP	HUDSOI					1.4 CITY-ST-ZIP						
TITLE	T			DELETE	21 1172		- 211				Change	Addition
NAME	SULLIVAN, JOHN					2.2 NAME				•		_
STREET ADDRESS	12913 B	ALSAM AVENUE			2.3 STR	EET A	LDDRESS					
CITY-ST-ZIP	HUDSON FL 34669					2. 4 CITY-ST-ZIP						
TITLE				DELETE	3.1 7171	E					Change	Addition
NAME					3.2 NAM	IE	1					
STREET ADDRESS				`	3.3 STR	EET A	DORESS					
CITY-ST-ZIP						3.4. CITY - ST-ZIP						
TITLE DELL					4.1 TITL	4.1 TITLE					Change	☐ Addition
NAME					4. 2 NAN	ME						
STREET ADDRESS					4.3 STRE	EET A	Odress					

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 ampowered 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 any attachment with an laddress.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS

15/98 8

FILED

Jan 15 1998 8:00am

Secretary of State

8138617877

Change

Addition

___ Addition