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

CORPORATION ANNUAL REPORT

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-\$1-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mcrtham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000033499 (0)

BOCA PROFESSIONAL COATINGS, INC.

Principal Place of Business Mailing Address **928 SOUTHEAST 14TH TERRACE** 928 SOUTHEAST 14TH TERRACE DEERFIELD BEACH FL 33441-5855 DEERFIELD BEACH FL 33441 3. Date Incorporated or Qualified 3a. Date of Last Report 04/17/1996 2. Principal Place of Business Mailing Address FEI Number Applied For 65-072 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Bo 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes
No Ζφ Country Zip Country 25 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILANIYEB-CHARTERED 343 ALMEBRAVENUE 82 Street Address (P.O. Box Number is CORAL BABLES FL 33134 83 Zip Code 33441 84 Deer Sich Benc nd 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered florida. Such offings was authorized by the corporation's board of directors. I hereby accept the appointment as registered hereby accept the appointment as registered florida. SIGNATURE. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRE :TORS 13. 12. DELETÉ Change TITLE **PSTD** 1.1 TULE NAME CULJAK, ANTE 1.2 NAME 928 SOUTHEAST 14TH TERRACE 1.8 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33441** 1.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE Change Addition 2.4 TITLE TITLE CORIC, MARINKO 2.P NAME 2.8 STREET ADDRESS 928 SOUTHEAST 14TH TERRACE STREET ADDRESS **DEERFIELD BEACH FL 33441** 2. 4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3 P NAME NAME **33 STREET ADDRESS** STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

14. I do 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 13.1 changed, or on apyritachment with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

-05/05/97--01040--063

***165.00

11.01-0

Addition

Addition

FILED

May 01 1997 8:00am

Secretary of State