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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000040742

1. Corporation Name

PRESTIGE COATINGS, INC.

Dringing	Diana	Λf	Business
rillicipai	ribuce	0,	Dusnicss

Mailing Address

5315 N.W. 10TH TERRACE FT. LAUDERDALE FL 33309

5315 N.W. 10TH TERRACE FT. LAUDERDALE FL 33309

May 08, 1999 8:00 am Secretary of State

05-08-1999 90022 020 ***150.00



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualifed 05/13/1996					
2 Principal Pl	cipal Place of Business 2a. Mailing Address						4. FEI Number Applied For					
–	acc of Business	26	0.000				65-0664404			Not Applicable		
Suite, Apt.	#, etc. Suite, Apt. #, etc.					5 Certificate of Status Desired	<u>.</u>	\$8.75	Additional Required			
City & State	е	City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
23			28							101663		
Zip	Country	<u>├</u> ── '	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax. Yes No					
24 25 29 30				<u> </u>	Personal Property Tax. 10. Name and Address of New Registered A							
	9. Name and Address of Curren	i Kegisterea Ager	11	5	31	Name	10. Maine and Address of New IX	egister ou z	gent			
Trager, ross				1		Hame						
	NORTH HIATUS ROAD			8	82 Street Address (P.O. Box Number is Not Acceptable)							
	BROKE PINES FL 33026			-								
FEM	DONE PINES PL 33020			*	33					i		
				8	34	City		FL	85 Zip	Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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	Signature, typed or printed name of registered agen	a and table if a selection	(NOTE: D	ngintared A	cont s	signature required	when reinstating)	DATE				
12.	OFFICERS AN		(1012.10	13.	gonta	ignatora requirec	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12		
TITLE	D		DELETE	1.1 TITU			7.0011101107.010.01020.10.07.7		Change			
	~	<u> </u>	0000	1.2 NAM					_ ,	_		
NAME												
STREET ADDRESS	•					DDRESS						
CITY-ST-ZIP				1.4 CITY		ZIP			Change	e		
TITLE				2.1 TITL		ĺ			onlong.			
NAME				2.2 NAM						1		
STREET ADDRESS	2.3 \$7			•		DDRESS				l		
CITY-ST-ZIP			DELETE	2.4 CIT		ZIP		·	Change	Addition		
TITLE		اب.ا	DELETE	3.1 TITL					Change	Addition		
NAME				3.2 NAM								
STREET ADDRESS						DDRESS						
CITY-ST-ZIP				3.4. CIT		ZIP				Addition		
TITLE		<u>L</u>	DELETE	4,1 THL					Change	e		
NAME				4 2 NAM	ME							
STREET ADDRESS				4.3 STR	EET A	DDRESS						
CITY-ST-ZIP				4.4 CITY		ZIP						
TITLE			DELETE	5.1 TITL					[] Change	e ☐ Addition		
NAME				5.2 NAM								
STREET ADDRESS				5.3 STR	EET A	DDRESS						
CITY-ST-ZIP				5.4 CITY	_	ZIP						
TITLE			DELETE	6.1 TITL	E				Change	e		
NAME				6.2 NAW	Æ							
STREET ADDRESS				6.3 STR	E&T A	NDDRESS						
CITY-ST-ZIP				6.4 CITY								
14. I hereby o	certify that the information supplied wi	th this filing does n	ot qualify for the	he exem	ptio	n stated in Se	ection 119.07(3)(i), Florida Statutes. I	further cert	ify 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:

CR2E034 (11/98)