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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000041313 (3)

1. Corporation Name

PRECISION SPRAYED LINERS, INC.

Principal Place of Business

4931 NORTHEAST 29 AVENUE
LIGHTHOUSE POINT FL 33064

Mailing Address

4931 NORTHEAST 29 AVENUE
LIGHTHOUSE POINT FL 33064-7919

3. Date Incorporated or Qualified

05/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 1860 N.W. 21ST ST

2a. Mailing Address

26 1860 NW 21ST

4. FEI Number

65-0666815

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 POMPANO BEACH, FL

Zip

24 33069

Country

25 USA

City & State

28 POMPANO BEACH, FL

Zip

29 33069

Country

30 USA

6. Election Campaign Financing

Trust Fund Contribution

☐

\$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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

RANDY JOSEPH

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

83 1860 N.W. 21ST STREET

84 City

POMPANO BEACH

FL

85 Zip Code

33069

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

RANDY JOSEPH

Signature typed or printed name of registered agent and title if applicable

Signature typed or printed name of registered agent and title if applicable

4/26/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME JOSEPH, RANDY R
STREET ADDRESS 4931 NORTHEAST 29 AVENUE
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE VSD ☐ DELETE

NAME MUSLIN, STEVEN H
STREET ADDRESS 4931 NORTHEAST 29 AVENUE
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

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

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

1860 N.W. 21ST STREET
POMPANO BEACH, FL 33069

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1860 N.W. 21ST STREET
POMPANO BEACH, FL 33069

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

Randy Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97

DATE

854-977-3504

DAYTIME PHONE #

CR2E034 (9/96)