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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049832 (4)

BOND PAINT & CHEMICAL SUPPLIES CORP.

Principal Place of Business Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



| 118 NORTHWEST 5 STREET FORT LAUDERDALE FL 33301 | | | | | 118 NORTHWEST 5 STREET FORT LAUDERDALE FL 33301-3212 | | | | | | | | | | | | | |
|--|-------------------------------|----------------------|---|------------------|---|------------------|--|-----------------------|---|--------------------|---|---|--|----------------|-------------------------------|----------|----------------|--|
| | | | | | | | | | | | | 3. Date Incorporated 06/11/1996 | 3. Date Incorporated or Qualified 3a. Date of Last Report 06/11/1996 | | | | | |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | | | | 4. FEI Number | | | > | App | olied For | |
| 21 | | | | 26 | 26 | | | | | | | | | Not Applicable | | | | |
| Sulte, Apt. #, etc. | | | | - | Suite, Apt. #, etc. | | | | | | | 5. Certificate of Status Desired | | | 38.75 Additional Fee Required | | | |
| 22] | | | | 27 | City & State | | | | | | | | | | | | : | |
| City & State | | | | 20 | 28 | | | | | | | 6. Election Campaign Trust Fund Contrib | _ | | | | May Be Fees | |
| Zip | Country | | | - 20 | | | | | Count | try | | | | | | | | |
| 24 | 25 | | · | 29 | 29 | | 30 | 0 | · | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | | | 100.002, | | |
| | | | ddress of Curren | | | d Age | nt | | <u>. </u> | | · · · · · · · · · · · · · · · · · · · | 10. Name and Addre | ss of New Re | gistered A | gent | | | |
| AME | ERILAWYER | R CHA | RTERED | | | | | | 8 | 11 | Name | | | | | | | |
| 343 ALMERIA AVENUE | | | | | , | | | | 8 | 2 | Street A | eet Address (P.O. Box Number is Not Acceptable) | | | | | | |
| CORAL GABLES FL 33134 | | | | | | | | | L | | | | | | | | | |
| | | | | | | | | | 8 | 13 | | | | | | | | |
| | | | | | | | | | 8 | 14 | City | | | | 85 | Zip C | ode | |
| | | | | | | | | | | | • | | | <u>FL</u> | | | | |
| | egistered ag m familiar wi | ient, oi ith, and | both, in the State d accept the obliga | of Flo ations | rida. S of, Sei | uch c ction 6 | hange 507.050 | was aut 05, Floric | horized la Statul | by tos. | the corpo | poration submits this state tion's board of directors. | hereby accer | pt the appo | intme | nt as r | egistered | |
| SIGNATURE | Signature, typed | or printe | d name of registered age | nt and t | lle if app | licable | | (NOTE: H | tegistered A | Ager | nt signature re | red when reinstating) | | DATE | | | | |
| 12. | | | OFFICERS ANI | | | | | ··· | 13. | | | ADDITIONS/CHANG | GES TO OFFIC | CERS AND I | DIREC | TORS | IN 12 | |
| TITLE | PD | | | | | | DELFT | E | 1.17(11) | £ | | | | | Cha | ange | ☐ Addition | |
| NAME | | | KANDER A | | | | | | 1.2 NAM | ŧΕ | | | | | | | | |
| STREET ADDRESS | | | | | | 1.3 | | | 1.3 STR | 1.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | UDE | RDALE FL 33301 | | | | | | 1.4 CITY | · \$1 | 1 - 21P | | | | | | | |
| TITLE | STD | | DIL 11D 1 | | | L |) DELET | E | 2.1 T(TL) | | | | | ι | Cha | inge | Addition | |
| NAME | YAROSH | | DIMIK L EST 5 STREET | | | | | | 2.2 NAM | | | | | | | | | |
| STREET ADDRESS | | | | | | | 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | | | | | | | | | | | |
| CITY-ST-ZIP TITLE | FUNI D | OUCI | RDALE FL 33301 | | | | DELET | - | 2. 4 CITY 3.1 TITL | | T-ZIP | · · · · · · · · · · · · · · · · · · · | · · · · | | Cha | nnoo. | Addition | |
| NAME | | | | | | L. | J DULLI. | • | 3.2 NAM | | | | | | | inge | | |
| STREET ADDRESS | | | | | | | | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP | | | | | | | | | | | |
| TITLE | | | | | | L | DELFT | Ē | 4.1 TITL | | | | | [| Cha | inge | Addition | |
| NAME | | | | | | - | | | 4. 2 NAA | ME | | | | | | • | | |
| STREET ADDRESS | | | | | | | | | 4.3 STRE | EET 1 | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | 4.4 CITY | ′-S1 | 1 - 21P | | | | | | | |
| TITLE | 17 | | | | | | DELFT | E | 5.1 TrfL | E | | | | [| Ch | inge | Addition | |
| NAME | | | | | | | | | 5.2 NAM | E | | | | | | | | |
| STREET ADDRESS | | | | | | | | | 5.3 S1R | EET / | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | - , | | - | | 5.4 CITY | | - ZIP | | | | | | | |
| TITLE | | | | | | | DELET | E | 6.1 1ITL | E | | | | Ī | Cha | ange | Addition | |
| NAME | | | | | | | | | 6.2 NAM | 1E | | | | | | | | |
| STREET ADDRESS | | | | | | | | | 6.3 STRI | EET 1 | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | 6.4 CITY | - \$1 | 1 - 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.