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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998
DOCUMENT #

P96000101504 (4)

CUSTOM COATINGS AND ACCESSORIES, INC.

Principal Place of Business

Mailing Address

1601 N.W. 22ND COURT, BAY 20 POMPANO BEACH FL 33060

1801 N.W. 22ND COURT, BAY 20 POMPANO BEACH FL 33060

FILED Apr 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 1035NE 5th 26 1005 NE lerrare 65-0711107 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be erdale F Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 25 \ Personal Property Tax due June 30. Yes Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GUNTHER, LAURA 1601 N.W. 22ND COURT, BAY 20 82 POMPANO BEACH FL 33060 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 170 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 report the objection 607.0505, Florida Statutes. SIGNATURE haura DATE signature required when reinstating) 12. FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D Vice President TITLE DELETE 1.1 TITLE Addition Change GUNTHER, DAVID NAME 1.2 NAME STREET ADDRESS 3985 S.W. 15TH ST., A204 1.3 STREET ADDRESS POMPANO FL 33051 CITY-ST-ZIP 1.4 CITY-ST-ZIP President Michael Hale DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME 1931 NE 52nd Court STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP Et. Lauderdale Fl 2. 4 CITY - ST - 7IP TITLE DELETÉ 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Addition Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 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 occeiver or trustee employmented 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 the receiver or trustee employment 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 the receiver or trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in