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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000008638**1. Corporation Name

Principal Place of Business

F. R. INDUSTRIAL COATINGS, INC.

1489 NOELWOOD CT OCOEE FL 34761 US		489 NOELWOOD CT OCOEE FL 34761 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/29/1997				
					-	4. FEI Number			lied For
2. Principal Pla	ace of Business	2a. Mailing /	Address					 	Applicable
21		26	-4 # -4-			59-3429306	**	\$8.75 A	 -
Suite, Apt. 1	*, etc		pt. #, etc.			5. Certifcate of Statu	s.Desired. 🔲	φο.τυ Α	
22		27				4.51.00			
City & State	•	City & S	nate			6. Election Campaign	- 11	\$5.00 i Added to	
23		28		Country		Trust Fund Contri			71 663
Zìp	Country Zip		l 	30		8. This corporation owes the current year Intangible Personal Property Tax			
24	25 29 30 9. Name and Address of Current Registered Agent			Г	Personal Property Tax. LI Yes LI No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curren	t Registered Ag	ent	81	Name	To. Italile and Addre	SS OF IVER IVERISIO	Tou Agent	
ופו ופ	O EEDMANDO			10.	Italic				
RUBIO, FERNANDO 489 NOELWOOD CT			82		Street Add	et Address (P.O. Box Number is Not Acceptable)			
OCOEE FL 34761				83		,	-, · · · · · · · · · · · · · · · · · · ·	*.*	
				84	City	<u> </u>	•••	FL 85 Zip C	ode
					<u></u>	Air a colonia Abio Assa			rogistered
office or re	to the provisions of Sections 607.050 ogistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such (change was author	onzea by	tne corporat	poration subtritis this state tion's board of directors, I	hereby accept the a	ppointment as reg	pistered
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable	(NOTE: Rec	nistered Ager	nt signature requir	red when reinstating)	DAT	<u>.</u> E	{
12.		ID DIRECTORS		13.			GES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	PSD		☐ DELETE	1.1 TITLE		President		Change	Addition
NAME	RUBIO. FERNANDO			1.2 NAME		Rubro Ferna	ando.		
STREET ADDRESS	200 EAST ROBINSON STREET	#500		1.3 STREET	T ADDRESS	489 Neelwed	act		
	ORLANDO FL 32801_	, #000	1	1.4 CITY-S					ļ
CITY-ST-ZIP TITLE	CHLANDO LE 32001				1-710		<4-/L		
NAME			DELETE		1-ZiP	Ococe FL	34/61	Change	Addition
			DELETE	2.1 TITLE	1-219		<u> </u>	Change	Addition
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I 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 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 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 or pair attachment with an laddless with all other like empowered.

STREET ADORÉSS

CITY-ST-ZIP

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90077 017 ***150.00