

P970000 22554

Excell Coatings Inc.

745 SCALLOP DRIVE CAPE CANAVERAL, FLORIDA 32920

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

FILED  
97 NOV 24 PM 4: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-09/10/97--01028--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

RA Change  
11/24/97

Examiner's Initials

*[Signature]*



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 16, 1997

EXCELL COATINGS INC.  
745 SCALLOP DR.  
CAPE CANAVERAL, FL 32920

SUBJECT: 745 AUTO BROKERS INC.  
Ref. Number: P97000022554

We have received your document for 745 AUTO BROKERS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6906.

Darlene Connell  
Corporate Specialist

Letter Number: 197A00045951

\*\*\* FILING FEE: \$35.00 \*\*\*

FILED  
97 NOV 20 PM 4:05  
TALLAHASSEE  
FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: 745 Auto Brokers Inc.

2. The mailing address of the corporation is: 745 Scallop Dr. Cape Canaveral, FL 32920

3. Date of incorporation/qualification: 3/12/97 Document number: P97000022554

4. The name and address of the current registered agent and office:  
Corporate Service Company,  
~~70. Box 13397~~ 1201 Hayes St  
~~Philadelphia, P.A. 19101-3397~~ Tallahassee, FL  
32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
Robert S. Tampa  
6000 Turtle Beach Ln.  
Cocoa Beach, FLA.

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature] U. Pres 9/8/97  
(Signature of an officer, chairman or vice chairman of the board) (Date)

Robert S. Tampa U. Pres 9/8/97  
(Printed or typed name and title) (Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature] 9/8/97  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:  
Robert S. Tampa U. Pres.  
(Typed or Printed Name) (Capacity)