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

FILED May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # P97000048417 (4) THE SURFACE SOLUTION, INC. Principal Place of Business Mailing Address 7240 MANATEE AVE. W. 7240 MANATEE AVE. W. **BRADENTON FL 34209 BRADENTON FL 34209** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/30/1997 2s. Mailing Address 2. Principal Place of Business FEI Number Applied For -076161 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Z Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name NOBLES, MICHAEL SR. 7240 MANATEE AVE. W. R2 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** 83 84 City Zip Code 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** Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE PARSIDENT TITLE M PARESIDENT LINDA A.NOBLES MAMCUS E. GOOD NAME 12 NAME BRADENTON FL 34 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE TREASUNE 2.1 TITLE REBSUNZ NAME mancus 4. Good 2.2 NAME INUA A. NOBLES BRODENTEN FL SUD STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP MARCUS & Good DELETE 4 Addition TITLE 3.1 TITLE 133T SICKATEMY LINDA A NOBLES W. NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 54207 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ___ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 of trustee empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attactment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DKEIM 4.28.38

Change

Addition

CR2EG34