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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105422

REMBRANDT SURFACE SYSTEMS, INC. Principal Place of Business Malling Address P.O. BOX19194 4668 ASHTON ROAD 5220 MALAGA AVE-SARASOTA FL 34233 SARASOTA FL 34205 34276 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/01/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0798566 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired . Fee Required 22 6.-Election Campaign Financing \$5.00 May Be City & State -City & State -28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zio □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **AMERILAWYER** 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 83 adentos 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 if applic gistered Agent signature required when reinstating) CR2E034 (11/98) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ Addition Change PSTD DELETE 1.1 TITLE TITLE BENTLEY, THOMAS J 12 NAME NAME 4668 ASHTON ROAD STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34233 1.4 CMY-87-ZIP CITY-ST-ZIP Addition DELETE Change 21 TITLE TOF 22 NAME NAME 2,3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE MIF NAME 3.3 STREET ADDRESS STREET ADDRES CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZP Addition ☐ Change DELETE DILE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-73P CITY-ST-ZIP 61 TITLE ☐ Addition ☐ Change ☐ DELETE TIME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 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 instead 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, with all other like empowered.

64 CITY-ST-ZIP

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Davtime Phone #

FILED

Secretary of State

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Mar 16, 1999 8:00 am