

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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000105520 (5)**  
 1. Corporation Name  
**GATOR ADVANCED URETHANE COATINGS INC.**



Principal Place of Business <b>635 GATOR DRIVE G &amp; H LANTANA FL 33462</b>	Mailing Address <b>% N.Y. FUTURE 680 WEST INDUSTRIAL AVE SUITE 4 BOYNTON BEACH FL 33426</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc	<b>26</b> <b>635 GATOR DR</b>
<b>22</b> City & State	<b>27</b> <b>G + H</b>
<b>23</b> Zip	<b>28</b> <b>LANTANA FL</b>
<b>24</b> Country	<b>29</b> <b>33462</b>
<b>25</b>	<b>30</b> <b>PAIM BEACH</b>

<b>3.</b> Date Incorporated or Qualified <b>12/16/1997</b>	
<b>4.</b> FEI Number <b>65-0800250</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

<b>AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>
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**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>EDWARD NEWMAN</b>	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>725 N LAKE AVE</b>	
<b>83</b>	
<b>84</b> City <b>DELRAY BEACH</b>	<b>85</b> Zip Code <b>FL 33483</b>

**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: *Edward Newman* **EDWARD NEWMAN** **03.04.98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>NEWMAN, EDWARD</b>	
STREET ADDRESS <b>635 GATOR DRIVE G &amp; H</b>	
CITY-ST-ZIP <b>LANTANA FL 33462</b>	
TITLE <b>SVD</b>	<input type="checkbox"/> DELETE
NAME <b>ELLIS, JAMES</b>	
STREET ADDRESS <b>635 GATOR DRIVE G &amp; H</b>	
CITY-ST-ZIP <b>LANTANA FL 33462</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>YOHE, MARK</b>	
STREET ADDRESS <b>635 GATOR DRIVE G &amp; H</b>	
CITY-ST-ZIP <b>LANTANA FL 33462</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME <b>Edward L. Newman</b>	
<b>1.3</b> STREET ADDRESS <b>635 Gator Drive Bays G&amp;H</b>	
<b>1.4</b> CITY-ST-ZIP <b>Lantana, Florida 33462</b>	
<b>2.1</b> TITLE <b>Registered Agent</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME <b>Edward L. Newman</b>	
<b>2.3</b> STREET ADDRESS <b>635 Gator Drive Bays G &amp; H</b>	
<b>2.4</b> CITY-ST-ZIP <b>Lantana, Florida 33462</b>	
<b>3.1</b> TITLE <b>Registered Office</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME <b>Gator Advanced Urethane Coatings Inc.</b>	
<b>3.3</b> STREET ADDRESS <b>635 Gator Drive Bays G&amp; H</b>	
<b>3.4</b> CITY-ST-ZIP <b>Lantana, Florida 33462</b>	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**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 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 applicable, or on an attachment with an address.

SIGNATURE: *Edward Newman* **EDWARD NEWMAN** **03/04/98**

CR2E034 (10/97)