

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90257 035 \*\*\*150.00

DOCUMENT # P98000001295

1. Corporation Name

DARK STAR COATINGS INC.

Principal Place of Business

1187 B STATE AVENUE  
HOLLY HILL FL 32117

Mailing Address

1187 B STATE AVENUE  
HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

59-3493737

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

LOMONACO, SALVATORE  
1187 B STATE AVENUE  
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

81 Name LOMONACO, SALVATORE

82 Street Address (P.O. Box Number is Not Acceptable)

6211 YOSEMITE DRIVE

83

84 City PORT ORANGE FL

85 Zip Code

32127

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

SALVATORE LOMONACO President 3-1-99

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT  
NAME SALVATORE LOMONACO  
STREET ADDRESS 6211 YOSEMITE DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE VICE PRESIDENT  
NAME GLENN CANFIELD  
STREET ADDRESS 1187 B STATE AVE  
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE TREASURER  
NAME SALVATORE LOMONACO  
STREET ADDRESS 6211 YOSEMITE DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE SECRETARY  
NAME SALVATORE LOMONACO  
STREET ADDRESS 6211 YOSEMITE DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALVATORE LOMONACO 3-1-99

Date

904-254-

8938

Daytime Phone #

CR2E034 (11/98)