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Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90002 004 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000007845** ✓
 1. Corporation Name
KILAMINJARO THERMOSET COATINGS WORLDWIDE, INCORPORATED



Principal Place of Business: 5311 S.W. 182ND TERR. FT. LAUDERDALE FL 33331
 Mailing Address: 5311 S.W. 182ND TERR. FT. LAUDERDALE FL 33331

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1100 LEE WAGENER BLVD	26	1100 LEE WAGENER BLVD	01/26/1998	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200		4. FEI Number 65-0809067	
City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE FL		Applied For Not Applicable	
22	33315	27	33315	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country BROWARD		Country BROWARD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

~~POPLACK, ARIEL ESQ.
 930 SOUTH STATE ROAD 7
 PLANTATION FL 33317~~

81 Name: KELLY KESTER, ESQ.
 82 Street Address (P.O. Box Number is Not Acceptable): 1100 LEE WAGENER BLVD
 83 SUITE 200
 84 City: FT LAUDERDALE FL 85 Zip Code: 33315

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: Kelly Kester Kelly Kester 7/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE	NAME: CAUTHERN, GLENN	1.1 TITLE: VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5311 S.W. 182ND TERR.	CITY-ST-ZIP: FT. LAUDERDALE FL 33331	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.1 TITLE: P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:		2.2 NAME: JOHN GOODWIN	
CITY-ST-ZIP:		2.3 STREET ADDRESS: 1100 LEE WAGENER BLVD. SUITE 200	
		2.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33315	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: SEC, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:		3.2 NAME: KELLY KESTER	
CITY-ST-ZIP:		3.3 STREET ADDRESS: 7708 BALBOA ST.	
		3.4 CITY-ST-ZIP: SUNRISE, FL 33351	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: TREA, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME: RICHARD KESTER	
CITY-ST-ZIP:		4.3 STREET ADDRESS: 8400 N.W. 36TH DRIVE	
		4.4 CITY-ST-ZIP: CORAL SPRINGS, FL 33065	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		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: Richard Kester, TREA RICHARD KESTER, TREA 7/12/99 954-359-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0317849

CR2E034 (11/98)