05-06-1999 90016 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000047793

1. Corporation Name

CROSSWAY COATINGS, INC.

Principal Place of Business Mailing Address								i ibblishbe tim edem imili queet anter an	il ee lii e l	'Git (BBI) ing	ise leiee firt reer	
•			522 PARKSIDE STREET									
522 PARKSIDE STREET LEHIGH ACRES FL 33936			LEHIGH ACRES FL 33936									
								DO NOT WRITE IN	THIS	SPACE		
								3. Date Incorporated or Qualifed				
·····		Т-	B. G Maria - C.					05/28/1998 4. FEI Number		$ \tau$	Applied For	
	ace of Business	\vdash	Mailing Address					65-0846167			Not Applicable	
Suite, Apt. #, etc.			Suite. Apt. #. etc.								Additional	
–			27					5. Certifcate of Status Desired			Required	
City & State			City & State					6. Election Campaign Financing		\$5:0	O May Bè	
23			28					Trust Fund Contribution		-	d to Fees	
Zip	Country		Zip	C	ountry			8. This corporation owes the current y	ear Inta		_	
24	25	29		30				Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Regist	tered Agent				·	10. Name and Address of New Regis	tered A	\gent		
ALLER THE 6					81	Name	1					
SUAREZ, TULIO G					82	Street	Addres	ess (P.O. Box Number is Not Acceptable)				
6201 PRESIDENTIAL COURT S.W. S FORT MYERS FL 33919			WE 102								<u></u>	
FUR	i Micuo LF 20818				83							
					84	City			FL	85 Zip	p Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the								. L. C. II		shanaina.	ite registered	
office or n	egistered agent or both, in the State o	f Florid	la. Such change was a	uthoni	zed by	the corp	oration	's board of directors. I hereby accept the	appoir	ntment as	registered	
agent. I a	m familiar with, and accept the obligation	ons of,	Section 607.0505, Flo	rida S	tatutes							
SIGNATURE		- Pat- 3	ALOTE ALOTE	. Daniet		t riotatura	enquired v	when reinstating)	ATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND				3.	it signature	70quirou v	ADDITIONS/CHANGES TO OFFICE		D DIREC	TORS IN 12	
TITLE	011102107112		☐ DELETE	_	1 TITLE		T PR			Change		
NAME				1.	2 NAME -		Σ ε	FEBY R. WESTUCK				
STREET ADDRESS				1.	3 STREE	T ADDRESS	5	12 PARKSILO ST.				
CITY-ST-ZIP				1.	4 CITY-S	T- ZIP	le	high Acres, FC 339	36			
TITLE			☐ DELETE	2.	t TITLE		SE	Cretary/Treasurer		Change	e 🖳 🗸 ddition	
NAME				2.	2 NAME		KA	THY C. WESTRICK				
STREET ADDRESS				2.	3 STREE	TADDRESS	522	Partside st.				
CITY-ST-ZIP	·	_	<u></u> -		4-CHTY-S	F-ZIP	lel	nigh-Acres- FL-33	<u>133(</u>			
TITLE			☐ DELETE	3.	1 TTLE			,		Chang	ge 🔲 Addition	
NAME				3.	2 NAME							
STREET ADDRESS				3.	3 STREE	TADORESS	3					
CITY-ST-ZIP				_	4. CITY-	ST-ZIP	-			Chang	ge 🔲 Addition	
TITLE			☐ DELETE		1 TITLE					Chang	je 🗆 Addition j	
NAME					2 NAME							
STREET ADDRESS				1		T ADDRESS	ŝ				Ì	
CITY-ST-ZIP			- DELETE	_	4 CITY-S	T-ZIP	-			Chang	je Addition	
TITLE			☐ DELETE		1 TITLE					Citalia	Addison,	
NAME				- 1	2 NAME	T ANNDERS					\	
STREET ADDRESS					.3 STREE .4 CITY-S	TADDRESS	1				ļ	
CITY-ST-ZIP			☐ DELETE		1 TITLE	11-417	+			☐ Chang	ge Addition	
TTLE			□ bereie	- 1	2 NAME							
NAME				ľ	_ , _ , _ ,		_					

14. I hereby 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 or hystee 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.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS