

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90035 004 ***150.00

DOCUMENT # P98000091166

1. Corporation Name

BEST COATINGS & SUPPLIES OF PSL, INC.

Principal Place of Business

Mailing Address

3048 N.W. 28TH TERR.
BOCA RATON FL 33434-6030

3048 N.W. 28TH TERR.
BOCA RATON FL 33434-6030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1998

4. FEI Number

65-0870672

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

2a. Mailing Address

21 762 SW BAYSHORE BLVD

Suite, Apt. #, etc.

27

City & State

23 Port St. Lucie

28

Zip

Country

24 34983 25 USA

29

Zip

Country

30

9. Name and Address of Current Registered Agent

O'DONNELL, JAMES M
3048 N.W. 28TH TERR.
BOCA RATON FL 33434-6030

10. Name and Address of New Registered Agent

81 Name

JOHANSEN LESLIE M.

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

3048 NW 28th TERRACE

83

84 City

BOCA RATON

FL

85 Zip Code

33434-6030

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.

LESLIE M. JOHANSEN

4-22-99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME O'DONNELL, JAMES M
STREET ADDRESS 3048 N.W. 28TH TERR.
CITY-ST-ZIP BOCA RATON FL 33434-6030

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME JOHANSEN, LESLIE M.
1.3 STREET ADDRESS 3048 NW 28th TERRACE
1.4 CITY-ST-ZIP BOCA RATON, FL 33434-6030

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 REQUIRED

4-22-99 (561) 344-9990

CR2E034 (1/198)