

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
AND FILED

95 APR 28 AM 10:31
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S01018 (8)**

1. Corporation Name
INNOVATIVE COATINGS, INC.

Principal Place of Business Mailing Address
5313 W. CRENSHAW AVE. TAMPA FL 33634 US **P O BOX 558002 MIAMI FL 33255 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/20/1990** 3a. Date of Last Report **04/22/1994**

4. FEI Number **65-0215626** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **5313 W. Crenshaw Ave**
22 City & State 27 Suite, Apt. #, etc.
23 **Tampa, Florida**
24 Zip 25 Country 28 **33634** 29 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEDER, DONALD M.
5555 S.W. 67TH AVENUE, #504
12TH FLOOR
MIAMI 33155**

81 Name **Brammer, Thomas L.**
82 Street Address (P.O. Box Number is Not Acceptable) **5313 W. Crenshaw Ave.**
83
84 City **Tampa** FL 85 Zip Code **33634**

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 *Thomas L. Brammer* **THOMAS L. BRAMMER, President** 4/24/95
Signature typed or printed name of registered agent and also if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STEDER, DONALD M. 5555 SW 67 AVE., #504 MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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	President Thomas L. Brammer 5313 W. Crenshaw Ave. Tampa, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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.

SIGNATURE: *Thomas L. Brammer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas L. Brammer

4-15-95 (813) 886-8118
Date Telephone