FILED , FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT Aug 28 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT #** Coating Systems, Inc. ADVANCED Principal Place of Business Mailing Address 981 west 15th St. Same Riviera Bch., Fl 33404 3a. Date of Last Report 2/25/199 05/01/1996 2. Principal Place of Business 2a. Marling Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent White, Scott A 931 West 15th Street Name 82 Street Address (P.O. Box Number is Not Acceptable) Riviero Bch, FL 33404 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0507 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 Torida. Set Transpewas authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I are ramiliar with and packet the objection of the purpose of changing its registered agent. I are ramiliar with and packet the objection of the purpose of changing its registered agent. I are ramiliar with a purpose of changing its registered agent. I are ramiliar with a purpose of changing its registered agent. I are ramiliar with a purpose of changing its registered agent. I are ramiliar with a purpose of changing its registered agent. I are ramiliar with a purpose of changing its registered agent. I are ramiliar with a purpose of changing its registered agent. I are ramiliar with a purpose of changing its registered agent. I are ramiliar with a purpose of changing its registered agent. I are ramiliar with a purpose of changing its registered agent. I are registered agent and registered agent. I are registered agent and registered agent. I are registered agent and registered agent. I are registered agent and registered agent. I are registered agent and registered agent agent agent agent agent agent agent agent agent. I are registered agent age SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TILLE ☐ Change ☐ Addition NAME 1.2 NAME Ridgeview Dr. 8299 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2 1 TITLE Change Addition NAME 2.2 NAME 15th Street STREET ADDRESS 2.3 STREET ADORESS F1 33404 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3*34*04 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE TITLE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE TITLE 6.1 TITLE 200002280642 -08/29/97--01004--002 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIE 14. I do 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 acrual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged from an attackment with an address. SIGNATURE:

ING OFFICER OR DIRECTOR

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