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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90050 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S58810

1. Corporation Name  
BEST STRIPING SUPPLY CORPORATION

Principal Place of Business: 7660 HOOPER ROAD, SUITE 32, WEST PALM BEACH FL 33411  
Mailing Address: 7660 HOOPER ROAD, SUITE 32, WEST PALM BEACH FL 33411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7660 Hooper Road, West Palm Beach, FL 33411  
2a. Mailing Address: 7660 Hooper Road, West Palm Beach, FL 33411  
23. City & State: West Palm Beach, FL  
24. Zip: 33411, 25. Country: USA

3. Date Incorporated or Qualified: 06/10/1991  
4. FEI Number: 58-1950814  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
THEISEN, M. WAYNE  
7660 HOOPER ROAD  
SUITE 32  
WEST PALM BEACH FL 33411

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows 1-6 for Officers/Directors, 7-12 for Additions/Changes.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows 1-6 for Additions/Changes.

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: M. THEISEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-09-99 (561) 793-4450  
Date Daytime Phone #

CR2E034 (11/98)