

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jun 05 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT #**  
 1. Corporation Name **F9600000679**  
**ETS Liner, Inc.**

Principal Place of Business Mailing Address  
**SEE BELOW**

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> 1401 Municipal Rd. Suite, Apt. #, etc.	<b>26</b> 2551 N.W. 15th Ct Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Roanoke, VA. Zip Country	<b>28</b> Pompano Beach, Florida Zip Country
<b>24</b> 24012 <b>25</b> U.S.A.	<b>29</b> 33069 <b>30</b> U.S.A.

<b>3.</b> Date Incorporated or Qualified 1/11/96	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number 54-1786253	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

Prentice Corporation System, Inc.  
 1202 Hays Street  
 Suite 105  
 Tallahassee, Florida 32301

**10. Name and Address of New Registered Agent**

<b>81</b> Name	No Change
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	FL
<b>85</b> Zip Code	

**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) (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	Director/CEO <input type="checkbox"/> DELETE
<b>NAME</b>	John D. McKenna
<b>STREET ADDRESS</b>	1401 Municipal Rd., Roanoke, VA
<b>CITY-ST-ZIP</b>	24012-1399
<b>TITLE</b>	Director, Vice President <input checked="" type="checkbox"/> DELETE
<b>NAME</b>	Richard H. Snyder
<b>STREET ADDRESS</b>	2551 N.W. 15th Court
<b>CITY-ST-ZIP</b>	Pompano Beach, Florida 33069
<b>TITLE</b>	Director, Treasurer <input type="checkbox"/> DELETE
<b>NAME</b>	Nevin D. Seth
<b>STREET ADDRESS</b>	1401 Municipal Rd.
<b>CITY-ST-ZIP</b>	Roanoke, VA. 24012-1305
<b>TITLE</b>	Director, Secretary <input type="checkbox"/> DELETE
<b>NAME</b>	John C. Mycock
<b>STREET ADDRESS</b>	1401 Municipal Rd.
<b>CITY-ST-ZIP</b>	Roanoke, VA. 24012-1305
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2 NAME</b>	James W. Raulston
<b>1.3 STREET ADDRESS</b>	2551 N.W. 15th Court
<b>1.4 CITY-ST-ZIP</b>	Pompano Beach, Florida 33069
<b>2.1 TITLE</b>	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	Richard H. Snyder
<b>2.3 STREET ADDRESS</b>	2551 N.W. 15th Court
<b>2.4 CITY-ST-ZIP</b>	Pompano Beach, Florida 33069
<b>3.1 TITLE</b>	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2 NAME</b>	John Fernandez
<b>3.3 STREET ADDRESS</b>	2551 N.W. 15th Court
<b>3.4 CITY-ST-ZIP</b>	Pompano Beach, Florida 33069
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	600002210906
<b>6.3 STREET ADDRESS</b>	-06/13/97--01002--005
<b>6.4 CITY-ST-ZIP</b>	***173.75

**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 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:** *James W. Raulston* James W. Raulston 6/2/97 954-979-0028

CR2E034 (9/96)

05  
6/15/97