

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J03039 (1)

1. Corporation Name

CUSTOM CAULKING & WATERPROOFING, INC.



Principal Place of Business

1306 N. FEDERAL HWY  
POMPANO BCH. FL 33062

Mailing Address

1306 N. FEDERAL HWY  
POMPANO BCH. FL 33062

2. Principal Place of Business

21 2303 N. Andrews Ave.

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale, FL

Zip

24 33311

Country

25 USA

2a. Mailing Address

26 2303 N. Andrews Ave.

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL

Zip

29 33311

Country

30 USA

3. Date Incorporated or Qualified

03/07/1986

3a. Date of Last Report

01/17/1995

4. FEI Number

59-2568917

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

g. Name and Address of Current Registered Agent

SIEGMAN ROBERT JR  
1306 N FEDERAL HWY  
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

Robert Siegmán, Jr.

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

2303 N. Andrews Ave.

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33311

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

Robert Siegmán, Jr.

President

1-16-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME SIEGMAN, ROBERT B., SR.  
STREET ADDRESS 1221 NE 27TH TERRACE  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

PVST  
NAME SIEGMAN, ROBERT B. JR.  
STREET ADDRESS 7514 SW 7TH COURT  
CITY-ST-ZIP NORTH LAUDERDALE FL

TITLE ☐ DELETE

D  
NAME SIEGMAN, CONSTANCE L.  
STREET ADDRESS 3908 NE 22ND AVE  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

D  
NAME SIEGMAN, SANDRA M.  
STREET ADDRESS 1221 NE 27TH TERRACE  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 119.07(3)(k), 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:

Robert Siegmán, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

DATE

(35) 537-6005

Daytime Phone #

CR2E034 (12/95)