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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:20

DOCUMENT # **K57246** **(6)**

1. Corporation Name
FELLMAN PAINTING & WATERPROOFING, INC.

Principal Place of Business	Mailing Address
% MARVIN FELLMAN 1203 NORTH PARK ROAD HOLLYWOOD FL 33021	14021 SW 20TH STREET DAVIE FL 33325-5420 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1989
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business — 21: 14021 SW 20 ST
22: Suite, Apt. #, etc.
23: City & State: DAVIE, FL
24: Zip: 33325 — 25: Country: USA

2a. Mailing Address — 26: 1203 N. PARK RD
27: Suite, Apt. #, etc.
28: City & State: Hollywood, FL.
29: Zip: 33021 — 30: Country: USA

4. FEI Number: 65-0092405 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FELLMAN, MARVIN 14021 SW 20TH ST. DAVIE FL 33325	81 Name: MARVIN FELLMAN 82 Street Address (P.O. Box Number is Not Acceptable): 1203 N PARK RD 83: 84 City: HWD FL 85 Zip Code: 33021

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
Address, type or print name of registered agent and title if applicable — (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDV	11 TITLE		☑ Change ☐ Addition
NAME	FELLMAN, MARVIN	12 NAME		
STREET ADDRESS	14021 SW 20TH STREET	13 STREET ADDRESS	1203 N PARK RD	
CITY ST ZIP	DAVIE FL	14 CITY ST ZIP	HWD, FL 33021	
TITLE	STD	21 TITLE		☑ Change ☐ Addition
NAME	FELLMAN, PATRICIA S.	22 NAME		
STREET ADDRESS	14021 SW 20TH STREET	23 STREET ADDRESS	1203 N PARK RD	
CITY ST ZIP	DAVIE FL	24 CITY ST ZIP	HWD, FL 33021	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: _____ 6/1/95 305-962-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0234200 CP