

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L66571 (5)
1. Corporation Name
JOE LEFFLER PAINTING AND WATERPROOFING, INC.

Principal Place of Business Mailing Address
1381 N. KILLION BAY 4 P.O. BOX 13868
LAKE PARK FL 33403 N. PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/18/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0183413	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEFFLER, JOSEPH D
330 SOUTH WIND DRIVE #6
N. PALM BCH FL 33408

10. Name and Address of New Registered Agent

81 Name Leffler, JOSEPH D.
82 Street Address (P.O. Box Number is Not Acceptable) 330 Southwind DR #1
83 N. PALM BCH. FL 33408
84 City FL 85 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 re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1.1 TITLE	PTS
NAME	LEFFLER, JOSEPH D.	1.2 NAME	Leffler, JOSEPH D.
STREET ADDRESS	330 SOUTHWIND DR. #6	1.3 STREET ADDRESS	330 Southwind DR #1
CITY-ST-ZIP	N. PALM BEACH FL 33408	1.4 CITY-ST-ZIP	N. PALM BEACH FL 33408
TITLE	VP	2.1 TITLE	VP Joe Leffler
NAME	MELDRUM, GLENN	2.2 NAME	330 Southwind DR #1
STREET ADDRESS	11200 164 CT. N.	2.3 STREET ADDRESS	N. PALM BCH., FL 33408
CITY-ST-ZIP	JUPITER FL 33478	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE

JOSEPH D. LEFFLER / av (561) 744-8086

CR2E034 (10/97)