

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 27 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000317 (6)**

1. Corporation Name

TIGER MANUFACTURING & DESIGN, INC.

Principal Place of Business

6825 SW 81ST ST.
MIAMI FL 33143
US

Mailing Address

C/O PETE MEDINA
9960 SW 4TH ST.
PLANTATION FL 33324
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/04/1993

3a. Date of Last Report

06/14/1994

4. FEI Number

65-0381533

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SINGER, BERNARD A
4700 SHERIDAN ST.
SUITE B
HOLLYWOOD FL 33021

81 Name

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

83

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 reappointing)

DATE

3-21-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPST
DAVIS, HOWARD
% 7751 N.W. 6TH COURT
PEMBROKE PINES FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
MEDINA, PETE
9960 SW 4TH ST.
PLANTATION FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
LYNCH, PAT
17725 NW 68TH CT. CIR.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied herein is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-95

305-661-2103

Date

(Typed Name)

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000000649 (2)
1. Corporation Name
ADDISON-VOGEL PLASTERING, INC.

APPROVED
AND
FILED
95 MAR 27 PM 4:13
TALLAHASSEE, FLORIDA

Principal Place of Business

530 17TH ST.
WEST PALM BEACH FL 33407
US

Mailing Address

530 17TH ST.
WEST PALM BEACH FL 33407
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

12/30/1992

05/01/1994

4. FEI Number 65-0384615

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☐ Applied For ☐ Not Applicable

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees ☐ Trial Fund Contribution ☐ Added to Fees ☐ Florida Statutes ☐ Via ☒ No

8. This corporation has liability for intangible tax under S. 199.032.

9. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

CORELAND, JAMES E
8295 N. MILITARY TRAIL
SUITE A
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

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 date of signature.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DVP

MITCHELL, THERESA

6222 PEARLEY RD.
LAKE WORTH FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST., ZIP

2.1 TITLE

P

VOGEL, SYLVIA

16198 72 DR. NORTH
PALM BEACH GARDENS FL

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

3.5 NAME

3.6 STREET ADDRESS

3.7 CITY, ST., ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST., ZIP

4.5 NAME

4.6 STREET ADDRESS

4.7 CITY, ST., ZIP

5.1 TITLE

5.2 NAME

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5.4 CITY, ST., ZIP

5.5 NAME

5.6 STREET ADDRESS

5.7 CITY, ST., ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST., ZIP

6.5 NAME

6.6 STREET ADDRESS

6.7 CITY, ST., ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY, ST., ZIP

7.5 NAME

7.6 STREET ADDRESS

7.7 CITY, ST., ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY, ST., ZIP

8.5 NAME

8.6 STREET ADDRESS

8.7 CITY, ST., ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY, ST., ZIP

9.5 NAME

9.6 STREET ADDRESS

9.7 CITY, ST., ZIP

10.1 TITLE

10.2 NAME

10.3 STREET ADDRESS

10.4 CITY, ST., ZIP

10.5 NAME

10.6 STREET ADDRESS

10.7 CITY, ST., ZIP

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST., ZIP

11.5 NAME

11.6 STREET ADDRESS

11.7 CITY, ST., ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST., ZIP

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY, ST., ZIP

13.1 TITLE

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13.4 CITY, ST., ZIP

13.5 NAME

13.6 STREET ADDRESS

13.7 CITY, ST., ZIP

14.1 TITLE

14.2 NAME

14.3 STREET ADDRESS

14.4 CITY, ST., ZIP

14.5 NAME

14.6 STREET ADDRESS

14.7 CITY, ST., ZIP

15.1 TITLE

15.2 NAME

15.3 STREET ADDRESS

15.4 CITY, ST., ZIP

15.5 NAME

15.6 STREET ADDRESS

15.7 CITY, ST., ZIP

16.1 TITLE

16.2 NAME

16.3 STREET ADDRESS

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16.5 NAME

16.6 STREET ADDRESS

16.7 CITY, ST., ZIP

17.1 TITLE

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17.5 NAME

17.6 STREET ADDRESS

17.7 CITY, ST., ZIP

18.1 TITLE

18.2 NAME

18.3 STREET ADDRESS

18.4 CITY, ST., ZIP

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18.6 STREET ADDRESS

18.7 CITY, ST., ZIP

19.1 TITLE

19.2 NAME

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19.6 STREET ADDRESS

19.7 CITY, ST., ZIP

20.1 TITLE

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21.1 TITLE

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21.5 NAME

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21.7 CITY, ST., ZIP

22.1 TITLE

22.2 NAME

22.3 STREET ADDRESS

22.4 CITY, ST., ZIP

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24.1 TITLE

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26.1 TITLE

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26.7 CITY, ST., ZIP

27.1 TITLE

27.2 NAME

27.3 STREET ADDRESS

27.4 CITY, ST., ZIP

27.5 NAME

27.6 STREET ADDRESS

27.7 CITY, ST., ZIP

28.1 TITLE

28.2 NAME

28.3 STREET ADDRESS

28.4 CITY, ST., ZIP

28.5 NAME

28.6 STREET ADDRESS

28.7 CITY, ST., ZIP

SIGNATURE: *Sylvia Vogel* SYLVIA VOGEL 3/21/95 (407)655-0750