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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300007100 (9)

BORGERT PAINTING, INC.

FILED Apr 01 1998 8:00am Secretary of State

DONG	ENT FARITING, INC.				
Principal Plac	ce of Business	Mailing Address			INTERNATION OF THE PROPERTY OF
16201 SW 2	183 ST	16201 SW 283 ST		1	,
SUITE 200 SUITE 200				DO NOT HIDEE IN	THICODAGE
HOMESTEAD FL 33033 HOMESTEAD FL 33003				DO NOT WRITE IN	THIS SPACE
		**		3. Date Incorporated or Qualified 01/25/1993	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0388919	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid to	
24	25 9. Name and Address of Curre		30]	Personal Property Tax due June 30 10. Name and Address of New Regis	
RI	RIDGES, ROGER A	···· ·· · · · · · · · · · · · · · · ·	81 Name	in trains and undises of their traffic	Albeit
	34 MINORCA AVE			70.0 +	
SUITE 200			82 Street	Address (P.O. Box Number is Not Acceptable)	
	ORAL GABLES FL 33134		83		
•			\ <u></u>	······································	
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered as OFFICERS AN	gent and title if applicable (NOTE ND DIRECTORS	Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE IS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	BORGERT, JEROME		1.2 NAME		
STREET ADDRESS	16201 SW 283 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP		<u></u>
TITLE	Ab	DELETE	2.1 TITLE		Change Addition
NAME	STRACKE, CARSON W		2.2 NAME		
STREET ADDRESS	13371 SW 256 ST PRINCETON FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST ST	DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE	BORGERT, KIMBERLY A	רין הערנוני .	3.1 TITLE		The cuantity The Workfor
NAME expert appnece	16201 S.W. 283 STREET		3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	HOMESTEAD FL		3.4. CITY - ST - ZIP		
TITLE	1701120121212	DELETE	4.1 TITLE		Change Addition
NAME		<u> </u>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TiTL€		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
			62 NAME		

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 on an attachment with an address.

6.3 STREET ADDRESS

CIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Jenna Bryni

3-26-98

305 247-6721