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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000020963 (3)

SIEGFRIED'S PAINT & DECO, INC.

Principal Place of Business Mailing Address 7278 SAN SEBASTIAN DR 7278 SAN SEBASTIAN DR BOCA RATON FL 33433 **BOCA RATON FL 33433** 

## **FILED** Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

								03/16/1993			
2. Principal P	Principal Place of Business			2a. Mailing Address				4. FEI Number	Ar	plied For	
21			26	26				65-0398403	65-0398403 Not Appli		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75		
22				27					Fee Re	equired	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23	Country			28				Trust Fund Contribution	Added to Fees		
Zip		Country	29	Zip	_	untry	<i>'</i>	8. This corporation owes or has paid the curre		_ ~	
24	torod Agent	<u>]30]</u>			Personal Property Tax due June 30  10. Name and Address of New Registered Address of Ne		No				
9, Name and Address of Current Registered Agent							81 Name				
JUTH, SIEGFRIED K											
7278 SAN SEBASTIAN DR						82 Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33433						83				·	
						63					
						84	City	ty FL 85 Zip Code			
office or re	egistered ag	ent, or both, in the State o	f Florid	da. Such change was a	uthorize	ed by	y the corporation	oration submits this statement for the purpose of constructions of directors. I hereby accept the appoin	hanging it	s registered registered	
agent. I a	m tamiliar wi	th, and accept the obligat	ons of	r, Section 607.0505, Flo	rida Sta	tutes	S.				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere						d Age	ent signature required			f	
12.		OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND D		S IN 12		
TITLE	PD DELETE				1.1 TITLE		L	Change	Addition E		
NAME		iegfried k			1,2 N	AME				5	
STREET ADDRESS		n sebastian dr			1,3 S	TREET	ADDRESS			اتّا	
CITY - ST - ZIP		ATON FL			_		T-ZIP			S IN 12 SS IN 12 Addition	
TITLE	STD			☐ DELETE	2.1 T	ITLE		L	Change	Addition C	
NAME	JUTH, MAYA P					2.2 NAME					
STREET ADORESS		n sebastian dr		2.3 \$TF		ADDRESS	;		1		
CITY-ST-ZIP	BOCA RATON FL				2. 4 CITY - ST - ZIP						
TITLE				L DELETE	3.1 T	ITLE		L	Change	☐ Addition	
NAME						AME	- 1			- 1	
STREET ADDRESS					3.3 S	TREET	ADDRESS				
CITY-ST-ZIP					3.4. 8	HY-S	ST-ZIP				
TITLE				☐ DELETE	4,1 T	TLE			_ Change	Addition	
NAME					4.28	AME					
STREET ADDRESS					4.3 S	TREET	ADDRESS				
CITY - ST - ZIP		- DE D. E. C			4.4 C	ITY-\$	T-ZIP				
TITLE				☐ DELETE	5.1 T	TLE			Change	Addition	
NAME					5.2 N	AME				1	
STREET ADDRESS					5.3 \$	TREET	ADDRESS			ļ	
CITY-ST-ZIP					5.4 C	TY-5	T-ZIP				
TITLE				DELETE	6.1 TI				Change	Addition	
NAME					6.2 N	AME				ĺ	
STREET ADDRESS					6.3 S	TREET	ADDRESS			1	
CITY-ST-ZIP					1	TY-ST	1				
14. I hereby c	ertify that the	information supplied with	this fi	ling does not qualify for	the ex	empt	tion stated in S	ection 119.07(3)(i), Florida Statutes. I further certif	y that the	information	
indicated of	on this annu-	al report or supplemental a	annual er or t	report is true and accu	rate an	d the	at my signature	shall have the same legal effect as if made under	r oath; the	t I am an	