

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000000512 (1)**

1. Corporation Name

**MARVIN FELLMAN AND SON PAINTING SERVICE, INC.**



Principal Place of Business

**14021 SW 20 ST  
DAVIE FL 33325**

Mailing Address

**1203 N PARK ROAD  
HOLLYWOOD FL 33021  
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

23

City & State

24

Zip

25

Country

2a. Mailing Address

26

**14021 SW 20 ST**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

**DAVIE, FLORIDA**

**33325**

**BROWARD**

3. Date Incorporated or Qualified

**01/04/1994**

3a. Date of Last Report

**06/20/1995**

4. FEI Number

**65-0478306**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**FELLMAN, MARVIN  
14021 SW 20 ST  
DAVIE FL 33325**

10. Name and Address of New Registered Agent

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 on behalf of registered agent and the corporation

(If filer is Registered Agent Signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D FELLMAN, MARVIN**  
STREET ADDRESS **14021 SW 20 ST**  
CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **PRESIDENT**  
1.3 STREET ADDRESS **PATRICIA FELLMAN**  
1.4 CITY-ST-ZIP **14021 SW 20 ST**  
**DAVIE, FL 33325**

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARVIN FELLMAN**

**4/15/96 (954) 423 8700**  
Daytime Phone #

CR2E034 (12/95)