

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-94000013121

1. Corporation Name

PALM BEACH PAINTING + CLEANING SERV INC.

Principal Place of Business

Mailing Address

**4330 COMMUNITY DR #423
WEST PALM BCH, FL 33409**

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

1974

3a. Date of Last Report

1994

21. Principal Place of Business

26. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0468442

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

10. Name and Address of New Registered Agent

**MARION E. WASHERSKY, EA, PA
4360 NORTH LAKE BLVD #205
PALM BEACH GARDENS, FL 33410**

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 the if applicable

(NOTE: Registered Agent signature required when registering)

01-0024444

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

**PRES
NAME ANTHONY R. MATSCHNER 423
STREET ADDRESS 4330 COMMUNITY DR #423
CITY ST ZIP WEST PALM BCH, FL 33409**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

7. TITLE
8. NAME
9. STREET ADDRESS
10. CITY ST ZIP

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY ST ZIP

**900001485829
-05/12/95--01054--024
****200.00 ****200.00**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY ST ZIP

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY ST ZIP

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

61. TITLE
62. NAME
63. STREET ADDRESS
64. 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)(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 amendment with an address.

SIGNATURE: X Anthony R. Matschner ANTHONY R MATSCHNER 4/20/95 407-674-2400