

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000042862**

1. Corporation Name

**CLASS ACT PAINTING & DECORATING, INC.**

Principal Place of Business

**4000 SW 106TH TERR  
DAVIE FL 33328  
US**

Mailing Address

**4000 SW 106TH TERR  
DAVIE FL 33328  
US**

2. Principal Place of Business

**21 1540 SW 106th Terr**

2a. Mailing Address

**26 1540 SW 106th Terr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

**23 Davie, FL.**

27 City & State

**28 Davie, FL.**

24 Zip

**33324 25 US**

29 Zip

**33324 30 US**

9. Name and Address of Current Registered Agent

**SAVAGE, CRAIG D  
701 N.E. 167TH STREET  
SUITE 302-A  
NORTH MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified

**06/02/1995**

4. FEI Number

**65-0588623**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
GEHRMAN, NELSON  
4000 SW 106TH TERRACE  
DAVIE FL**

TITLE ☐ DELETE

**VDD  
GEHRMAN, NELSON  
4000 SW 106TH TERRACE  
DAVIE FL**

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1540 SW 106th Terr.  
Davie, FL. 33324**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1540 SW 106th Terr.  
Davie, FL. 33324**

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 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, with all other like empowered.

SIGNATURE

**Nelson Gehrmann**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-99**

Date

**954-423-9288**

Daytime Phone #

CR2E034 (1/1/98)

0305860

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90093 024 \*\*\*150.00



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