## 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 # 1. Corporation Name P95000085098 (8)

## **FILED** Jan 26 1998 8:00am Secretary of State

PASTE-UP ENTERPRISES, INC.				ic inini nim numa ishar jem isha
Principal Place of Business	Mailing Address		T INTELLIBRA IND USIUS BRIDI BRIDI BRIDI DEUX AND	IN ERREE DIRILE BONING NOVAN HONN HON
3543 COCOPLUM CIRCLE	3543 COCOPLUM CIR			
COCONUT CREEK FL 33063	COCONUT CREEK FL	33063	DO NOT WRITE IN THE	S SPACE
			3. Date Incorporated or Qualified	
			11/06/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0650709	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		a Clarklas Consider Financia	Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	
24 25	29	30	Personal Property Tax due June 30.	Yes No
g. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
SPEER, CARMEN M		81 Name		
3543 COCOPLUM CIRCLE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
COCONUT CREEK FL 33063		00		
		83		
		84 City	F	85 Zip Code
44 Pursuant to the provinges of Sections 607 0500	and 607 1609 Florida Statu	doc the above named corn		
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.				
	tions of, Section 607.05 <b>05</b> , F	lorida Statutes.		
Signature, lyped or printed name of registered ager	I and title if applicable (NO	TF: Registered Agent signature require	ed when reinstating) DATE	
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE D	☐ DELETE	1.1 TITLE		Change Addition
NAME MASCARELLA, PAUL		1.2 NAME		
STREET ADDRESS 3543 COCOPLUM CIRCLE		13 STREET ADDRESS		
COCONUT CREEK FL 33063	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE D		2 1 TITLE		☐ cliquide ☐ Modition
NAME SPEER, CARMEN M STREET ADDRESS 3543 COCOPLUM CIRCLE		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP COCONUT CREEK FL 33063	1	2.4 CFTY-ST-ZIP		
TITLE COOCHO! CHILLIN' I L' SOUC	DELETE	3.1 TITLE		Change Addition
NAME	<del>_</del>	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		Charige Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE	L. Utltlt	6.1 TITLE		☐ Change ☐ Addition
NAME CARREST ARRESTS		62 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CRY-ST-ZIP  14. I hereby certify that the information supplied wit	h this filing does not qualify	6.4 CITY-ST-ZIP for the exemption stated in 3	Section 119.07(3)(i). Florida Statutes. I further r	certify that the information

indicated on this annual report or supplied with this limit does not quality for the exemption stated in section 1 19.07(3/t), Florida Statutes. 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.

1/12/60