

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90086 036 ***150.00

DOCUMENT # P95000085098

1. Corporation Name
PASTE-UP ENTERPRISES, INC.

Principal Place of Business
3543 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

Mailing Address
3543 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

65-0650709

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

2. Principal Place of Business

21 2205 NW 49th AVE

2a. Mailing Address

26 2205 NW 49th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 COCONUT CREEK FL

City & State

28 COCONUT CREEK FL

Zip

24 33063

Country

25 USA

Zip

29 33063

Country

30 USA

9. Name and Address of Current Registered Agent

SPEER, CARMEN M
3543 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name SPEER CARMEN

82 Street Address (P.O. Box Number is Not Acceptable)
2205 NW 49th AVE

83

84 City COCONUT CREEK FL 85 Zip Code 33063

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 D ☐ DELETE
NAME MASCARELLA, PAUL
STREET ADDRESS 3543 COCOPLUM CIRCLE
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE D ☐ DELETE
NAME SPEER, CARMEN M
STREET ADDRESS 3543 COCOPLUM CIRCLE
CITY-ST-ZIP COCONUT CREEK FL 33063

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 2205 NW 49th AVE
1.4 CITY-ST-ZIP COCONUT CREEK FL 33063

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2205 NW 49th AVE
2.4 CITY-ST-ZIP COCONUT CREEK FL 33063

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99 954-974-6655

CR2E034 (11/98)

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