**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000059384

1. Corporation Name

ABSOLUTE PAINTING & WATERPROOFING CORPORATION

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2050 TIGERTAIN DANIA FL 3300		2050 Tigertail BLVD. Dania Fl 33004			1		TE IN THIS SPACE		
							TE IN THIS SPACE		
						3. Date Incorporated or Qualifed			
						07/07/1997 4. FEI Number		A - ali - al Fau	
2. Principal Place of Business 2a. Mailing Address							<u> </u>	Applied For	
21 26 26						65-07 <u>64648</u>		Not Applicab	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	1 1	\$8.75 Additional Fee Required	
City & Stat	e	City & State			_	6. Election Campaign Financing	_ \$5.	00 May Be	
23		28				Trust Fund Contribution		led to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the curr	ent year Intangible		
	[25]	29	30			Personal Property Tax.	Yesे	□No	
<u>:4 </u>	g. Name and Address of Curren		-	T		10. Name and Address of New F	Registered Agent		
1 67 41	Constitution of the second	Tall the state of		81 N	ame				
BOY	ETTE, DONALD			82 S					
2050 TIGERTAIL BLVD					ireet Addres	ss (P.O. Box Number is Not Accepta	able)		
STE				83			<del> </del>		
DANIA FL 33004					63				
UNIT	IA 1 E 0000 T			84 C	ity		85 وسو	Zip Code	
	to the provisions of Sections 607.050			<u> </u>			FL ["		
SIGNATURE	m familiar with, and accept the obligation of the state o				nature required y	when reinstating)	DATE		
12.		ID DIRECTORS	13.	, ragoni argi	inter or order or or	ADDITIONS/CHANGES TO OF		CTORS IN 12	
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NAME	BOYETTE, DONALD A		1.2 N	AME					
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TITLE		□ DELETE	517				Chai	nge 🗌 Addit	

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 coloration 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 or a state them.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

May 07, 1999 8:00 am Secretary of State

05-07-1999 90165 015 \*\*\*150.00

☐ Addition