

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 476154 (0)

1. Corporation Name

AUTO PAINTING U.S.A. BODY REPAIR CENTERS, INC. O
F DELRAY BEACH



Principal Place of Business

8111 GARDEN ROAD, UNIT K
W. PALM BEACH FL 33404

Mailing Address

8111 GARDEN ROAD, UNIT K
W. PALM BEACH FL 33404

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/15/1975

3a. Date of Last Report

04/19/1995

4. FEI Number

59-1592617

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAPIR, M. RICHARD ESQ.
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

222 Lakeview Avenue

83

Suite 1400

84 City

West Palm Beach

FL

85 Zip Code
33401

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 fee if applicable

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	KOBUS, KATHLEEN	
STREET ADDRESS	8111 GARDEN RD UNIT K	
CITY-ST-ZIP	WPB FL	
TITLE	P	☐ DELETE
NAME	KOBUS, THOMAS	
STREET ADDRESS	8111 GARDEN RD., UNIT K	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	V	☐ DELETE
NAME	CASASNOVAS, CLAUDIO	
STREET ADDRESS	8111 GARDEN RD UNIT K	
CITY-ST-ZIP	WPB FL	
TITLE	T	☐ DELETE
NAME	ROBERTS, PATRICIA	
STREET ADDRESS	8111 GARDEN RD UNIT K	
CITY-ST-ZIP	WPB FL	
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	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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)(k), 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.

SIGNATURE:

Thomas Kobus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

Date

1107-863-1043

Daytime Phone #

CR2E034 (12/95)