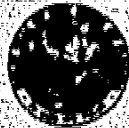


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 520265 (0)

1. Corporation Name
AUTO PAINTING U.S.A. BODY REPAIR CENTERS, INC. O F POMPANO

Principal Place of Business Mailing Address
8111 GARDEN ROAD, UNIT K W. PALM BEACH FL 33404 8111 GARDEN ROAD, UNIT K W. PALM BEACH FL 33404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/08/1976 3a. Date of Last Report 04/18/1994

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number 59-1713995 Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

SAPR, M R
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

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 use if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBUS, THOMAS	1.2 NAME	
STREET ADDRESS	8111 GARDEN RD. UNIT K	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBUS, KATHLEEN	2.2 NAME	
STREET ADDRESS	8111 GARDEN RD UNIT K	2.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASANOVAS, CLAUDIO	3.2 NAME	
STREET ADDRESS	8111 GARDEN RD UNIT K	3.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT, PATRICIA	4.2 NAME	
STREET ADDRESS	8111 GARDEN RD UNIT K	4.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas J. Kobus Pres. 3/27/95 4078631043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR