

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

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95 FEB 27 PM 3:20

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Candra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L43757 (8)**

1. Corporation Name  
**H Q AUTO PAINTING & BODY REPAIR OF POMPANO BEACH, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
RICHARD KRAEPEL 15560 WOODMAR COURT WEST PALM BEACH FL 33414	RICHARD KRAEPEL 15560 WOODMAR COURT WEST PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/16/1990	02/15/1994
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		65-0163290	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input checked="" type="checkbox"/> Yes	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KRAEPEL, RICHARD 15560 WOODMAR COURT WEST PALM BEACH FL 33414				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, if applicable) (If not registered agent, separate report when resigning) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAEPEL, RICHARD	1.2 NAME	
STREET ADDRESS	15560 WOODMAR COURT	1.3 STREET ADDRESS	
CITY- ST- ZIP	WELLINGTON FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAEPEL, LUCKLE	2.2 NAME	
STREET ADDRESS	15560 WOODMAR COURT	2.3 STREET ADDRESS	
CITY- ST- ZIP	WELLINGTON FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		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 199.032, 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 person or persons empowered to make 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: Richard Kraepel 2/20/95 305 970 5504  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER