

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -9 PM 12:11

DOCUMENT # P94000064056 (2)

1. Corporation Name

ABOVE ALL AUTO BODY AND PAINT, INC.

Principal Place of Business

1181 N.E. 1ST AVENUE
POMPANO BEACH FL 33060

Mailing Address

1181 N.E. 1ST AVENUE
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/30/1994

3a. Date of Last Report

2. Principal Place of Business

21 1181 NE 1st AVE

Suite, Apt. #, etc.

22

City & State

23 Pompano Beach

Zip

24 33060

Country

25 Broward

2a. Mailing Address

26 1181 NE 1st AVE

Suite, Apt. #, etc.

27

City & State

28 Pompano Beach

Zip

29 33060

Country

30 Broward

4. FEI Number

65-052-0961

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

DENMAN, JAMES B
500 E. BROWARD BLVD.
SUITE 1050
FORT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	SEAN M. DONOVAN
STREET ADDRESS	5287 NW 55TH ST
CITY - ST - ZIP	COCONUT CREEK FL 33073
TITLE	VICE PRESIDENT
NAME	ADRIAN S. DONOVAN
STREET ADDRESS	5287 NW 55TH ST
CITY - ST - ZIP	COCONUT CREEK FL 33073
TITLE	SECRETARY
NAME	SEAN + ADRIAN DONOVAN
STREET ADDRESS	5287 NW 55TH ST
CITY - ST - ZIP	COCONUT CREEK FL 33073
TITLE	TREASURER
NAME	SEAN M. DONOVAN
STREET ADDRESS	5287 NW 55TH ST
CITY - ST - ZIP	COCONUT CREEK FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sean M. Donovan SEAN M. DONOVAN 8-3-95 3059414666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #