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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

518831 DOCUMENT #

COUNTY AUTO PAINTS, INC.

(3)

**FILED** Jun 21 1996 8:00 am Secretary of State

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Principal Place	of Business							
2061 INDIAN I	RD. BCH. FL 33409	Mailing Address  2061 INDIAN RD.  WEST PALM BCH. FL	33409					
					3. Date incorporated or Qualified 3a. Date of Last Report 11/19/1976 08/03/1995			•
Principal Pla     Pa	ce of Business	2a. Mailing Address			4. FEI Number 59-1732124			applied For lot Applicable
Suite, Apt. #	, etc	Suite, Apt. #. etc.	City & State		5. Certificate of Status Desired			
City & State		City & State						
Zip <b>24</b>	Country 25	Ζφ <b>29</b>	Countr 30	У		s ∏No		199 032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New I	Registered A	gent	
			.8	1 Name				
ESPOSITO, BILL 2061 INDIAN RD.			8:	2 Street Add	iress (P.O. Box Number is Not Acceptal	ble)		
	1 BCH. FL 33409		8:	3				
			8	4 City		FL	<b>85</b> Zip	Code
SIGNATURE	Signature, typed or printed name of registeral Lagrici	taistite if aucreadas (A	viji Ergobrei Aj			De11		
TITLE		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF		Dhange	
NAME	DC Esposito, Frank, Sr		. 1 1 TILLE . 1 2 NAME				Glarge	Addition
STREET ADDRESS	2061 INDIAN ROAD			ET ADDRESS				
C(TY - \$1 - 7)9	W PALM BCH FL		14017					
T:TLE	PS	☐ DELFTE	2 1 1171.6				Change	Addition
NAME	ESPOSITO, WILLIAM		2.2 NAM6					
STREET ADDRESS	5812 LADY LUCK RD.			ET ADDRESS				
DITY - ST - Z:P	PALM BCH GRONS FL D	[7] DELETE	2.4 CI7Y - 3.1 TITLE				Change	Addition
NAME	ESPOSITO, WILLIAM	F	3.2 NAME	1		ب	·g~	
STREET ADDRESS	5812 LADY LUCK RD.		3.3 STRE	ET ADDRESS				
CITY - ST - ZIP	PALM BCH GRDNS FL		3.4 Cl*V					
TITLE	DV	☐ DELF1E	4 1 10706				Change	Add-tion
NAME CURCUL ACCORDO	LOSITO, PETER		4.2 NAME					
STREET AGORESS  CITY-ST ZIP	2061 INDIAN ROAD W PALM BCH FL		4 3 STHE	ET ADDRESS				
THLE	71 (1)LIN DOTT L	DELETE	5.1 (11)				Change	Add tion
NAME		•	5.2 NAMI				-	-
STREET ADDRESS			5 3 STRE	ET ADURESS				
CITY - ST - ZIP			5 4 CITY					
TITLE		☐ DELETS	6 1 BHz6				Change	Add tion
NAME CTRCET ADDRESS		,	6.2 NAM6					
STREET ADDRESS				ET ADORESS				
CHTY - ST- ZIP			64 CHY	31 ZIF				

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and dues 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 egal 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 13 if changed, or on an attachment with an address

SIGNATURE: X

Man Espases
NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 684-0500