FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90215 003 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 623368

1. Corporation Name

CITY-ST-ZIP

BUCK'S PAINT & BODY SHOP, INC.

Principal Place	of Business	М	ailing Address						
3950 SW 6 ST. FT. LAUDERDALE FL 33312			3950 SW 6 ST. FT. LAUDERDALE FL 33312						
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
							06/01/1979		-
2. Principal Pla	ace of Business	2a.	. Mailing Address				4. FEI Number	Ap	plied For
21		26	_	_			59-1913137		ot Applicable
Suite, Apt.	#. etc		_Suite, Apt. #, etc		<u></u>		5. Certificate of Status Desired	_	Additional
22		27					0. 00	Fee Re	aquired
City & State	•	_	City & State						May Be
23		28			_:-		Trust Fund Contribution	Added i	to Fees
Zip	Country	Н	Zip		intry		8. This corporation owes the current year Intangi		⊠fNo
24	9. Name and Address of Current	29	stoned Agent	30	Т		Personal Property Tax. Ph. +0 hard		<u> </u>
	9. Name and Address of Current	Regis	stered Agent		81	Name	10. Name and Address of New Hogistered Age	<u> </u>	
BRUI	NO, PAT				82				
3950 S.W. 6TH STREET			Ì			Street Add	ddress (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33312					83				
					84	City	FL ^{j*}	5 Zip (Code
44 Dureuant t	o the provisions of Sections 607 0502	and f	507 1508 Florida Statu	tes the a	bove	-named con	moration submits this statement for the purpose of char	nging its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	nt Harn	da. Such change was 8	authorize	יעסים	ine corporat	tion's board of directors. I hereby accept the appointment	int as re	gistered
=	n tamiliar with, and accept the obligation	IOTIS OF	i, section 607.0505, Fit	Jilua Stai	utes.		•		J
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTI	E Registered	1 Agent	t signature requir	red when reinstating) DATE		
12.	OFFICERS ANI			13.			ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	PTD		☐ DELETE	1.1 Ti	TLE			Change	☐ Addition
NAME	BRUNO, PAT			1.2 N	AME	1			
STREET ADDRESS	541 SANDLEWOOD LANE			1.3 S	TREET	ADDRESS			Į.
CITY-ST-ZIP	PLANTATION FL			1.4 C	ITY-ST	-ZIP			
TITLE	SD DELETE		2.1 Ti	2.1 TITLE			Change	Addition	
NAME	BRUNO, DOROTHY J.			22 N	AME				
STREET ADDRESS	_541_SANLEWOOD LANE			2.3 \$	TREET	ADDRESS ===	the state of the s		
CITY-ST-ZIP	PLANTATION FL			2.40	CITY-S	T-ZIP			
TITLE	VP □ DELETE		3.1 T	3.1 TITLE			Change	Addition	
NAME	BRUNO, ROBERT J			3.2 N	AME				ļ
STREET ADDRESS	6038 NW 88TH AVE			3.3 \$	TREET	ADDRESS			}
CITY-ST-ZIP	TAMARAC FL			3.4. 0	ITY-\$	T-ZIP			
TITLE	VP		☐ DELETE	4.1 T	TLE			Change	☐ Addition
NAME	BRUNO, MARK R			4.21	IAME				
STREET ADDRESS	120 SW 91ST AVE APT 208			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP	PLANTATION FL			4.4 C	ITY-S1	r-ziP			
TITLE			☐ DELETE	5.1 T				Change	☐ Addition
NAME				5.2 N		-			
STREET ADDRESS				5.3 S	TREET	ADDRESS			1
CITY-ST-ZIP					ITY-S1	r-ziP			
TITLE			☐ DELETE	6.1 T		,		Change	Addition
NAME				6.2 N					
STREET ADDRESS				6.3 S	TREET	ADDRESS			ľ

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP