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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000004335 (6)

1. Corporation Name
REFINISHING AMERICA, INC.

Principal Place of Business

3333 BEVERLY RD
LOC. A3-112B
HOFFMAN ESTATES IL 60179
US

Mailing Address

3333 BEVERLY RD.
D/768TAX- B5- 266A
HOFFMAN IL 60182-3322
US



3. Date Incorporated or Qualified 09/24/1993	3a. Date of Last Report 04/17/1996
4. FEI Number 36-3839633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 3333 Beverly Rd.

27 Suite, Apt. #, etc.

27 D/768TAX - B5-266A/B

28 City & State

28 Hoffman Estates, IL

29 Zip

29 60179

30

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	PD	<input type="checkbox"/> DELETE
NAME	WAHL, JACK B.	
STREET ADDRESS	3333 BEVERLY ROAD	
CITY- ST- ZIP	HOFFMAN ESTATES IL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ZAWACKI, DANIEL	
STREET ADDRESS	3333 BEVERLY RD	
CITY- ST- ZIP	HOFFMAN ESTATES IL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRISE, JAMES A.	
STREET ADDRESS	3333 BEVERLY RD. - LOC. A3-260B	
CITY- ST- ZIP	HOFFMAN ESTATES IL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAGENER, MARIA N.	
STREET ADDRESS	3333 BEVERLY RD. LOC. AC-272A	
CITY- ST- ZIP	HOFFMAN ESTATES IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Penway

4/17/97

Date

(847) 286-9676

Daytime Phone #

CR2E034 (9/96)