SECOND N	NOTICE: CORPORATION WILL BE ON OR BEFORE 8/1/96: \$225 (IF DISSOL	ISSOLVED ON OR AFTER AU YED, MINEMUM AMOUNT DUE TO	GUST 7, 1998.) PENSTATE: \$375.)	Ciratons 1996	
CORF	PORATION	FLORIDA DEPARTMI Sandra B. M		MAB	
	AL REPORT	Secretary o		- 2 11.6.9	6
	1996			A SEC	
DOCUN	NENT# + 9500	000 1220			
CHARL	MIE AUTO PAINTIN	G.INC.		ARY & L	, sl
0.41,60		,		E O	
Principal Place	of Rusiness	Mailing Address		TS T	
-	iercy drive	506 45th ST	Suite A2		4
	DO FL 32805	COLUMBUS GA		9 • •	
010-4 110	00 12 3200	ordere (pur or	, 5. ,	3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied Fo	—-
21 545	MERCY DRIVE	25 500 45TH ST		56-1683504 Not Applica	
Suite, Apt. #	, etc.	Suite, Apt. 11, etc.	·	5. Certificate of Status Desired Fee Required	
City & State		City & State	GA	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Redde to Fees	
Zip Zip	Country	Zip	Country	This corporation has liability for intengible tax under s. 199.032	
Zip 24 320	05 25 US	29 31904 x] Y 5	Florida Statutes Yes No. No. Name and Address of New Registered Agent	
	g. Italia dila Againse di Gallani	ragious Agelli	81 Name		
	n wilbanks		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
54	45 MERCY DRIVE		83	80000013998678	7
	LANDO FL 3280	15	84 City	-11/07/9601021023 ****383.76* *** ********************************	
	10-4	and COZ 4500 Florida Statutos	the above-named corp	pration submits this statement for the purpose of changing its register.	ed
1 office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	i Fiorida. Such chande was autr	KONZECI DY IINO CORPORALI	on's board of directors. I hereby accept the appointment as registered	1
SIGNATURE	Le Wister	LE LE	N WILBA	NKS 10-25-96	
12.	Signature, typed or printed name of registered agen OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	dition 8
TITLE	PRESIDENT / DIRECT	OR DELETE	1.1 TITLE 12 NAME	Change Ad	dition S
NAME STREET ADDRESS	LEN WILBANKS 545 MERCY DRI	VE.	1.3 STREET ADDRESS		CR2E034
CITY-ST-ZIP	ORLANDO FL 3	2905	1.4 CITY - ST - ZIP	Change Ad	Idition B
TITLE	Director Terf hupson	pereic	2.1 TITLE 2.2 NAME		
STREET ADDRESS	545 MERCY DRI	ve 32005	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ORLANDO' FL	32905 DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Change Ad	dition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY+ST-ZIP		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	Change Ad	dition
NAME			4,2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change As	dition
RAME .)		52 NAME 53 STREET ADDRESS		
			5.4 CITY-ST-ZIP		Admira II
STREET ADDRESS CITY-ST-ZIP	·	DELETE	6.1 TITLE	Change A	ddition
CITY-ST-ZIP TITLE			ROMAUC 1		41.3
CITY-ST-ZIP			62 NAME 63 STREET ADDRESS		
CITY-ST-ZIP TITLE HAME STREET ADDRESS		_	63 STREET ADDRESS	alibitor the exemption stated in Section 119 07/20th Electida Statistica	
CITY-S1-ZIP IIILE HAME STREET ADDRESS CITY-S1-ZIP 14, 1 do hern further cc	idor ooth: that I am an allicar of directi	d with this filing is voluntarily furn this annual report or supplement and the concertion or the creek	63 STREET ADDRESS 64 CITY-ST-ZIP ished and does not que tal annual report is true ver or trustee empowere	alify for the exemption stated in Section 119.07(3)(k), Florida Statutos, and accurate and that my signature shall have the same legal effect and to execute this report as required by Chapter 617, Florida Statutes:	l as if and
CITY-S1-ZIP IITLE NAME STREET ADDRESS CITY-S1-ZIP 14, 1 do hern further cc	by certify that the information supplied ertify that the information indicated on ider cath; that I am an officer or direct name appears in Block 12 or Block 13	d with this filing is voluntarily furn this annual report or supplement and the concertion or the creek	63 STREET ADDRESS 64 CITY-ST-ZIP ished and does not que tal annual report is true ver or trustee empowere	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes, and accurate and that my signature shall have the same legal effect of the execute this report as required by Chapter 617, Florida Statutes;	L RB if and
CITY-S1-ZIP IIILE NAME STREET ADDRESS CITY-S1-ZIP 14, 1 do hern further co	Ider oath; that I am an ollicer or direct name appears in Block 12 or Block 13	d with this filing is voluntarily furnithis annual report or supplement or the corporation or the receif changed, or on an attachment	63 STRET ADDRESS 64 CITY-ST-ZP lished and does not que tal annual report is true vor or trustee empowere with an address.	LBANKS 10-25-96 (70-324000	I BS If and
CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP 14. 1 do hern further ce made un that my r	Ider oath; that I am an ollicer or direct name appears in Block 12 or Block 13	d with this filing is voluntarily furn this annual report or supplement and the concertion or the creek	63 STRET ADDRESS 64 CITY-ST-ZP lished and does not que tal annual report is true vor or trustee empowere with an address.	id to execute this report as required by Chapter 617, Profite Stations,	2