FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:15

TALLAHASSEE, FLORIDA

DOCUMENT # **H07215** **(7)**

1. Corporate Name

ORLANDO AREA REAL ESTATE EXCHANGORS, INC.

Principal Place of Business
C/O CLIFF JORDAN
600 HERMITS TRAIL
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
C/O CLIFF JORDAN
600 HERMITS TRAIL
ALTAMONTE SPRINGS FL 32701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/11/1984**	3a. Date of Last Report: **06/23/1994**
4. FEI Number: **59-2441534**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. This corporation meets the requirements of section 607.1501, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite/Apt. # (22) / Suite/Apt. # (27)
City & State (23) / City & State (28)
Zip (24) County (25) / Zip (29) County (30)

9. Name and Address of Current Registered Agent

ARMSTRONG, MILTON M.
245 S. MAITLAND AVENUE, SUITE 207
MAITLAND FL 32751

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (#12)
TITLE	P	☐ Change ☐ Addition
NAME	ARMSTRONG, MILTON M	
STREET ADDRESS	245 SOUTH MAITLAND AVE.	
CITY ST ZIP	MAITLAND FL	
TITLE	V	☐ Change ☐ Addition
NAME	MOSSER, RON	
STREET ADDRESS	104 LEYBURN PLACE	
CITY ST ZIP	LONGWOOD FL 32779	
TITLE	S	☐ Change ☐ Addition
NAME	ROTH, RACHEL	
STREET ADDRESS	101 SWEETWATER BLVD.	
CITY ST ZIP	LONGWOOD FL 32779	
TITLE	T,S	☒ Change ☐ Addition
NAME	JORDAN, CLIFF	T,S JORDAN, CLIFF
STREET ADDRESS	600 HERMITS TRAIL	600 HERMITS TRAIL
CITY ST ZIP	ALTAMONTE SPRINGS FL 32701	ALTAMONTE SPRINGS FL 32701
TITLE	D	☐ Change ☐ Addition
NAME	ARMSTRONG, MILTON	
STREET ADDRESS	245 SOUTH MAITLAND AVE	
CITY ST ZIP	MAITLAND FL	
TITLE	D	☐ Change ☐ Addition
NAME	MOSER, RON	
STREET ADDRESS	104 LEYBURN PLACE.	
CITY ST ZIP	LONGWOOD FL	

14. I/We hereby certify that the information supplied with this filing is true and accurate and that my signature shall be 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 above, or on an attachment with an address.

SIGNATURE: 5/1/95 (401) 322-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0036760 CP

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APPROVED AND FILED

DOCUMENT # H09448 (2)

1. Corporation Name
AFFORDABLE PAINT & BODY, INC.

Principal Place of Business
% HOWARD L SKLAR
81 SEMINOLA BLVD
CASSELBERRY FL 32707

Mailing Address
% HOWARD L SKLAR
81 SEMINOLA BLVD
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1984
3a. Date of Last Report: 04/20/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

SKLAR, HOWARD
81 SEMINOLA BLVD.
CASSELBERRY FL 32707

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SKLAR, HOWARD L.
STREET ADDRESS	81 SEMINOLA BLVD.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information indicated on the 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: Howard Sklar HOWARD SKLAR 5-1-95 407 696-2781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037480 CP