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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # H78515

AUTO PAINTING U.S.A. BODY REPAIR CENTERS, INC. O

FILED May 05 1998 8:00am Secretary of State

F DAV	IE .					
Principal Plac	ce of Business	Mailing Address				TOTA ORDAN BIDAN OFOIN DISAR TODA
8111 GARDEN ROAD. UNIT K 8111 GARDEN			DAD. UNIT K			
W. PALM BEACH FL 33404 W. PALM BEACH FL 3			3404		DO NOT WRITE IN THIS	e enace
					3. Date Incorporated or Qualified	3 SPACE
					09/24/1985	
	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26		59-2576633	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			6, Election Campaign Financing	Fee Required
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip		Country		B. This corporation owes or has paid the c	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered	d Agent
	APIR, M. RICHARD ESQ. 12 LAKEVIEW AVE SUITE 1400		01			
SUITE 1200				Street Addr	ess (P.O. Box Number is Not Acceptable)	
	EST PALM BEACH FL 33401		83	· · · - · · - · - · - · - · · - · · · ·		
,,,				· · · · · · · · · · · · · · · · · · ·		
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statu	ites, the above	-named corp		
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 junited name of registere Lago			nt signatura requir	od when reinstating) DATE	1
12.	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
NAME	KOBUS, THOMAS .		1.2 NAME			Claude T Mancou
STREET ADDRESS 8111 GARDEN RD, UNIT K			1.3 STREET ADDRESS			.
CITY-ST-ZIP	W. PALM BCH. FL		1.4 CITY-ST-ZIP			
TITLE	8	☐ DELETE 2.				Change Addition
NAME	KOBUS, KATHLEEN		2.2 NAME			
STREET ADDRESS	8111 GARDEN RD UNIT K		2.3 STREET	ADDRESS		
CITY-ST-ZIP	WP8 FL		2.4 CITY-5	T-ZIP		
TITLE	V DELETE CASASNOVAS, CLAUDIO		3.1 TITLE			☐ Change ☐ Addition
NAME ATTECT LEADERS	8111 GARDEN RD UNIT K		3.2 NAME			
STREET ADDRESS	WPB FL		3.3 STREET			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - S	1 - ZIP	4-14-4-4	Change Addition
NAME	ROBERT, PATRICIA	Ψ	4. 2 NAME			
STREET ADDRESS	8111 GARDEN RD UNIT K		4.3 STREET	ADDRESS		
CITY-ST-ZIP	WPB FL		4.4 CITY - S			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		1 65.555	5.4 CITY - S	r- ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME STREET ADDRESS			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP	pertify that the information supplied wi	th this filing does not qualify:	6.4 CITY-S		Section 110 07(2)(i) Florido Statutos I further o	and the state of t

indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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.