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Mar 25 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 # H86346 (4)  
1. Corporation Name  
ECONO AUTO PAINTING OF PALM BEACH COUNTY, INC.



Principal Place of Business  
405 N. MILITARY TRAIL  
WEST PALM BEACH FL 33415  
US

Mailing Address  
405 N. MILITARY TRAIL  
WEST PALM BEACH FL 33415-2121

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
11/20/1985

3a. Date of Last Report  
05/01/1996

4. FEI Number

59-2618210

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

9. Name and Address of Current Registered Agent

AKSOMITAS, W WARD  
6885 FOREST HILL BLVD  
STE 206  
WEST PALM BCH FL 33409

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 type for professional or registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME WATSON, BRUCE  
STREET ADDRESS 405 N MILITARY TRAIL  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VD  
NAME WATSON, DAVID  
STREET ADDRESS 405 N MILITARY TRAIL  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE STD  
NAME MORRIS, CAROLYN  
STREET ADDRESS 405 N MILITARY TRAIL  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VST  
NAME ROSS, BARBARA  
STREET ADDRESS 121 W. PINE TREE  
CITY-ST-ZIP LAKE WORTH FL

TITLE PD  
NAME WATSON, EDWIN R.  
STREET ADDRESS 405 N MILITARY TRAIL  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assit Sec/Treasurer  
1.2 NAME Gary W. Rooney  
1.3 STREET ADDRESS 405 N Military Trail  
1.4 CITY-ST-ZIP West Palm Bch, Fl.

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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: Gary W. Rooney, Assit Sec/Treasurer 3/3/97 561-686-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)