

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K35859** (3)

1. Corporation Name
ARTISTIC AUTO BODY, INC.



Principal Place of Business: **8308 SUNNYDALE DR HUDSON FL 34667 US**
Mailing Address: **30 N RING AVE STE 400 TARPON SPRINGS FL 34689 US**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip County 24 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **10/03/1988** 3a. Date of Last Report: **03/23/1995**
4. FEI Number: **59-2823848** 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

**KLIMIS, GEORGE N
30 N RING AVE
STE 400
TARPON SPRINGS FL 34689**

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 607.01-20 and 607.1506, 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 607.029, Florida Statutes.

SIGNATURE

Signature of the corporation, as authorized by the Board of Directors

Signature of the Registered Agent

(A-1)

12. OFFICERS AND DIRECTORS
11. TITLE DELETE
NAME: **PD SIBERINE, VINCENT, SR.**
STREET ADDRESS: **8308 SUNNYDALE HUDSON FL**
12. TITLE DELETE
NAME: **VD SIBERINE, VINCENT, JR.**
STREET ADDRESS: **8308 SUNNYDALE HUDSON FL**
13. TITLE DELETE
NAME:
STREET ADDRESS:
14. TITLE DELETE
NAME:
STREET ADDRESS:
15. TITLE DELETE
NAME:
STREET ADDRESS:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE Change Addition
12. NAME:
13. STREET ADDRESS:
14. CITY, ST, ZIP: Change Addition
15. TITLE Change Addition
16. NAME:
17. STREET ADDRESS:
18. CITY, ST, ZIP: Change Addition
19. TITLE Change Addition
20. NAME:
21. STREET ADDRESS:
22. CITY, ST, ZIP: Change Addition
23. TITLE Change Addition
24. NAME:
25. STREET ADDRESS:
26. CITY, ST, ZIP: Change Addition
27. TITLE Change Addition
28. NAME:
29. STREET ADDRESS:
30. CITY, ST, ZIP: Change Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 Book 12 or Book 13 if changed, or as an attachment with an address.

SIGNATURE: *Vincent A. Siberine* PRES **VINCENT A. SIBERINE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96 813 863 2328
DATE OF FILING OFFICE PHONE

CR2E034 (12/95)