

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K48277** (3)
1. Corporation Name
IDEAL PAINT & BODY, INC.



Principal Place of Business 625 INDUSTRIAL AVENUE BOYNTON BEACH FL 33426	Mailing Address 625 INDUSTRIAL AVENUE BOYNTON BEACH FL 33426-8640
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3. Date Incorporated or Qualified 11/23/1988	3a. Date of Last Report 04/25/1996
4. FEI Number 65-0085605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 610 INDUSTRIAL AVE Suite, Apt. #, etc. 22 City & State 23 Zip 33435 Country	2a. Mailing Address 26 610 INDUSTRIAL AVE Suite, Apt. #, etc. 27 City & State 28 Zip 33435 Country
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9. Name and Address of Current Registered Agent LARKIN, KERRY C. 625 INDUSTRIAL AVENUE BOYNTON BEACH FL 33426	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3695 EDGAR AVE 83 84 City BOYNTON BEACH FL 85 Zip Code 33436
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Pres. D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARKIN, KERRY C.	1.2 NAME	
STREET ADDRESS	625 INDUSTRIAL AVENUE	1.3 STREET ADDRESS	3695 EDGAR AVE
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE		2.1 TITLE	V.P. - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	LARKIN, ROBERT
STREET ADDRESS		2.3 STREET ADDRESS	13840 Key Lime Blvd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	W. Palm Beach FL 33412
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **KERRY LARKIN** 4-997
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)