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PROFIT CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

(3)

IDEAL PAINT & BODY, INC.

## **FILED** Jan 29 1998 8:00am Secretary of State



| Principal Place of business Ividing Additi   |   |                                | ess                 |                      |   |   |   |                  |
|--|---|--------------------------------|---------------------|----------------------|---|---|---|------------------|
| 610 INDUSTR  | 610 INDUSTRIAL AVE.                             | NDUSTRIAL AVE.                 |                     |                      |   |   |   |                  |
| BOYNTON BE   | EACH FL 33435                                   | BOYNTON BEACH FL 33435         |                     |                      |   |   |   |                  |
| US   |   |                                |                     |                      |   | DO NOT WRITE IN THIS SPACE                        |   |                  |
|  |   |                                |                     |                      |   | 3. Date Incorporated or Qualified                 |   |                  |
|  |   |                                |                     |                      |   | 11/23/1988  |   |                  |
| 2. Principal Place of Business 2a. Mailing Address   |   |                                |                     |                      |   | 4. FEI Number                                     |   | Applied For      |
|  |   |                                | Ruciess             |                      |   |   | <u> </u>                                    | · · ·            |
| 21   |   | 26                             |                     |                      |   | 65-0085605  |   | Not Applicable   |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.            | Suite, Apt. #, etc. |                      |   | 5. Certificate of Status Desired                  | \$8.7                                       | 5 Additional     |
| 22   |   | 27                             |                     |                      |   | 5. Certificate of Status Desired                  | Fee   | Required         |
| City & State City & State  |   |                                |                     |                      |   | 6. Election Campaign Financing                    | ¢E /  | 00 May Be        |
|  | •   | — ·                            |                     |                      |   |   |   |                  |
| 23   |   | 28                             |                     |                      |   | Trader and Constitution                           |   | led to Fees      |
| Zip  | Country Zip Co                                  |                                | Count               | Country              |   | 8. This corporation owes or has paid the curr     | ent year                                    |                  |
| 24   | 25  | 29                             | 30                  |                      |   | Personal Property Tax due June 30. 🔀 Yes 🔲 No     |   |                  |
| <u> </u>   | g. Name and Address of Current Registered Agent |                                |                     | 10.                  |   | 10. Name and Address of New Registered A          | gent  |                  |
| 1.41   |   |                                | 8                   | ri                   | Name                                    |   | -   |                  |
|  | Larkin, Kerry C.                                |                                |                     |                      | 1121110                                 |   |   |                  |
| 369  |   | 82 Street Add                  |                     | Street Addre         | ess (P.O. Box Number is Not Acceptable) |   |   |                  |
| I R∩   | YNTON BEACH FL 33426                            |                                | July Street Par     |                      |   |   |   |                  |
|  | 111. 311 DE 1011 L 00720                        |                                | 8                   | 3                    |   |   |   |                  |
|  |   |                                | -                   | -                    |   |   |   |                  |
|  |   |                                | 8                   | 4                    | City                                    |   | 85 2  | Zip Code         |
|  |   |                                | 1                   |                      | Oity                                    | FL  | ~   | - P 0000         |
| 11 Pursuant  | to the provisions of Sections 607 050           | 02 and 607,1508, Florida Stati | utes, the abo       | ıva-                 | -named como                             | gration submits this statement for the purpose of | changir                                     | a its registered |
| 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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |                                |                     |                      |   |   |   |                  |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  |   |                                |                     |                      |   |   |   |                  |
| SIGNATURE  |   |                                |                     |                      |   |   |   |                  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registers   |   |                                |                     | geni                 | it signature require                    | d when reinstating) DATE                          |   | <del></del>      |
| 12.  | 12. OFFICERS AND DIRECTORS 13.                  |                                |                     |                      |   | ADDITIONS/CHANGES TO OFFICERS AND                 | DIRECT                                      | FORS IN 12       |
| TITLE  | D   | ☐ DELETE                       | 1,1 TITLE           | :                    |   |   | Chan  | ge Addition      |
| į  | -   |                                |                     |                      |   |   |   | Ť                |
| NAME   | LARKIN, KERRY C.                                |                                | 1.2 NAM             |                      |   |   |   |                  |
| STREET ADDRESS   | ADDRESS 3695 EDGAR AVE.                         |                                | 1.3 STRE            | 1.3 STREET ADDRESS   |   |   |   |                  |
| CITY-ST-ZIP  | BOYNTON BEACH FL 1.                             |                                | 1.4 CITY            | -ST-                 | -ZIP                                    |   |   |                  |
| TITLE  |   |                                | 2.1 TITLE           |                      |   |   | Chan  | ge Addition      |
| 1  |   |                                |                     |                      |   |   |   | -                |
| NAME   | LARKIN, ROBERT                                  |                                |                     | 2.2 NAME             |   |   |   | 1                |
| STREET ADDRESS   | 13840 KEY LIME ROAD                             |                                | 2.3 STREET ADDRESS  |                      | ADDRESS                                 |   |   | ĺ                |
| CITY-ST-ZIP  | W. PALM BEACH FL                                |                                | 2. 4 CITY           | 2. 4 CITY - ST - ZIP |   | T .   |   |                  |
| TITLE  |   |                                | 3.1 TITLE           |                      |   |   | Chan  | ge Addition      |
|  | in our  |                                |                     |                      |   | ·   |   | ,                |
| NAME   |   |                                | 3.2 NAMI            | _                    |   |   |   | ŀ                |
| STREET ADDRESS   |   |                                | 3.3 STRE            | ET A                 | ADDRESS                                 |   |   |                  |
| CITY-ST-ZIP  | -ST-ZIP 3.4                                     |                                | 3.4. CITY           | -ST                  | r-zip                                   |   |   |                  |
| TITLE  | DELETE 4.1                                      |                                |                     |                      | $\overline{}$                           |   | Chan  | ge Addition      |
| 1  |   | and select                     |                     |                      |   | ·   |   |                  |
| NAME   |   |                                | 4. 2 NAM            | -                    |   |   |   |                  |
| STREET ADDRESS   |   |                                | 4.3 STRE            | ET A                 | ADORESS                                 |   |   |                  |
| CITY-ST-ZIP  |   |                                | 4.4 CITY            | -ST-                 | - ZIP                                   |   |   |                  |
| TITLE  |   | DELETE                         | 5.1 TITLE           |                      |   | · · · · · · · · · · · · · · · · · · ·             | Chan  | ge Addition      |
|  |   |                                |                     |                      |   | ·   |   |                  |
| NAME   |   |                                | 5.2 NAMI            | -                    |   |   |   |                  |
| STREET ADDRESS   |   |                                | 5.3 STRE            | ET A                 | ADDRESS                                 |   |   |                  |
| CITY-ST-ZIP  |   |                                | 5.4 CITY-           | -ST-                 | -ZIP                                    |   |   |                  |
| TITLE  |   | ☐ DELETE                       | 6.1 TITLE           |                      |   |   | Chan  | ge Addition      |
| 1 1  |   |                                |                     |                      | į                                       | •   |   |                  |
| NAME   |   |                                | 6.2 NAMI            | E                    | ı                                       |   |   |                  |
| STREET ADDRESS   |   |                                | 6.3 STRE            | ET A                 | ADDRESS (                               |   |   |                  |
|  |   |                                |                     | _ст                  | -7/D                                    |   |   |                  |
| CMY-ST-ZIP   |   | 10 11 en                       | 6.4 CITY            | - 31                 | -217                                    | 3 // 440 57(0)(0) FL. (1) D. (1) L. (2)           | . FR . 12 . 12 . 12 . 12 . 12 . 12 . 12 . 1 |                  |

14. I hereby certify that the information supplied with this filir indicated on this annual report or supplemental annual re-officer or director of the corporation or the seceiver or try Block 12 or Block 13 if changed, or on an attachment. qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio and accurate and that my signature shall have the same legal effect as if made under oath; that I am an fered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CR2E034 (10/97)