FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L32878 (5)

1. Corporation Name
AUTO PAINTING ADMINISTRATION, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1989
3a. Date of Last Report: 03/01/1994

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

4. FEI Number: 65-0161522 ☐ 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~~
~~4 HARVARD CIR~~
~~STE 200~~
~~WEST PALM BCH FL 33409~~

SAME AGENT NEW ADDRESS

10. Name and Address of New Registered Agent

81 Name: AKSOMITAS W. WARD
82 Street Address (P.O. Box Number is Not Acceptable): 6685 FOREST HILL BLVD.
83: SUITE 206
84 City: WEST PALM BEACH FL 85 Zip Code: 33413

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	MORRIS, CAROLYN	1.2 NAME	MORRIS, CAROLYN	
STREET ADDRESS	6234 WESTERN WAY	1.3 STREET ADDRESS	405 N. MILITARY TRAIL	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	DV	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	WATSON, BRUCE	2.2 NAME	WATSON, BRUCE	
STREET ADDRESS	6234 WESTERN WAY	2.3 STREET ADDRESS	405 N. MILITARY TRAIL	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	DV	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	WATSON, DAVID	3.2 NAME	WATSON, DAVID	
STREET ADDRESS	6234 WESTERN WAY	3.3 STREET ADDRESS	405 N. MILITARY TRAIL	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	VST	4.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, BARBARA	4.2 NAME		
STREET ADDRESS	121 W. PINE TREE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: Barbara Ross BARBARA ROSS 4/24/95 407-686-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0382955 CP