

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

AKSOMITAS, W. WARD
6685 FOREST HILL BLVD
STE 206
WEST PALM BCH FL 33413

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
12/01/1989

3a. Date of Last Report
05/01/1995

4. FFI 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. 190.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of the person who is the registered agent

Signature of the person who is the registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MORRIS, CAROLYN	
STREET ADDRESS	405 N. MILITARY TRAIL	
CITY-STATE-ZIP	WEST PALM BEACH FL	
TITLE	DV	☐ DELETE
NAME	WATSON, BRUCE	
STREET ADDRESS	405 N. MILITARY TRAIL	
CITY-STATE-ZIP	WEST PALM BEACH FL	
TITLE	DV	☐ DELETE
NAME	WATSON, DAVID	
STREET ADDRESS	405 N. MILITARY TRAIL	
CITY-STATE-ZIP	WEST PALM BEACH FL	
TITLE	VST	☐ DELETE
NAME	ROSS, BARBARA	
STREET ADDRESS	121 W. PINE TREE	
CITY-STATE-ZIP	LAKE WORTH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

407-686-2500

CR2E034 (12/95)