

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L89585** (8)

1. Corporation Name

**ECONO AUTO PAINTING OF MELBOURNE, INC.**



Principal Place of Business

Mailing Address

**916 AURORA RD  
MELBOURNE FL 32935  
US**

**405 N MILITARY TRAIL  
WEST PALM BCH. FL 33415-2121  
US**

2. Principal Place of Business

2a. Mailing Address

21 **405 N. MILITARY TR.**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

**WEST PALM BEACH FL**

29 City & State

24 Zip

25 Country

29 Zip

30 Country

**33415**

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

Signature, typed or printed name of registered agent and the filer (check)

(If filer is Registered Agent Signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PD  
CORBIN, DENNIS**  
STREET ADDRESS **590 VENETIAN WAY**  
CITY-ST-ZIP **MERRITT ISLD FL**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VD  
WATSON, BRUCE**  
STREET ADDRESS **405 N. MILITARY TRAIL**  
CITY-ST-ZIP **WEST PALM BEACH FL**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **VD  
WATSON, DAVID**  
STREET ADDRESS **405 N. MILITARY TRAIL**  
CITY-ST-ZIP **WEST PALM BEACH FL**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **VST  
MORRIS, CAROLYN**  
STREET ADDRESS **405 N. MILITARY TRAIL**  
CITY-ST-ZIP **WEST PALM BEACH FL**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **VST  
ROSS, BARBARA**  
STREET ADDRESS **121 W PINE TREE**  
CITY-ST-ZIP **LAKE WORTH FL**

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/17/96*

*(407) 686-2500*  
Date Daytime Phone

CR2E034 (12/95)