

**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 # **M36415** (1)

1. Corporation Name  
**AUTO PAINTING U.S.A. BODY REPAIR CENTERS, INC. OF NORTH PALM BEACH**



Principal Place of Business  
**8111 GARDEN RD  
UNIT K  
WPB FL 33404  
US**

Mailing Address  
**8111 GARDEN RD  
UNIT K  
WPB FL 33404  
US**

3. Date Incorporated or Qualified **08/07/1986** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business  
21 [ ] 2a. Mailing Address  
26 [ ]

4. FEI Number **59-2691471** Applied For  
Not Applicable

22 [ ] Suite, Apt. #, etc. 27 [ ] Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 [ ] City & State 28 [ ] City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 [ ] Zip 25 [ ] Country 29 [ ] Zip 30 [ ] Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SAPIR, M. RICHARD ESQ.  
1645 PALM BEACH LAKES BLVD.  
SUITE 1200  
WEST PALM BEACH FL 33401**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**222 Lakeview Avenue**  
83 **Suite 1400**  
84 City **West Palm Beach** FL 85 Zip Code **33401**

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 registering.)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>P</b>	
NAME	<b>KOBUS, THOMAS</b>	
STREET ADDRESS	<b>8111 GARDEN RD UNIT K</b>	
CITY-ST-ZIP	<b>WPB FL</b>	
TITLE	<b>S</b>	
NAME	<b>KOBUS, KATHLEEN</b>	
STREET ADDRESS	<b>8111 GARDEN RD UNIT K</b>	
CITY-ST-ZIP	<b>WPB FL</b>	
TITLE	<b>V</b>	
NAME	<b>CASASNOVAS, CLAUDIG</b>	
STREET ADDRESS	<b>8111 GARDEN RD UNIT K</b>	
CITY-ST-ZIP	<b>WPB FL</b>	
TITLE	<b>T</b>	
NAME	<b>ROBERTS, PATRICIA</b>	
STREET ADDRESS	<b>8111 GARDEN RD UNIT K</b>	
CITY-ST-ZIP	<b>WPD GL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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: Thomas Kobus  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 407-863-1043  
Date Date/Phone #

CR2E034 (12/95)