

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. O  
F 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**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

3. Date Incorporated or Qualified

**08/07/1986**

3a. Date of Last Report

**04/19/1995**

4. FEI Number

**59-2691471**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

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

10. Name and Address of New Registered Agent

**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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**P**

☐ DELETE

NAME

**KOBUS, THOMAS  
8111 GARDEN RD UNIT K  
WPB FL**

CITY-ST-ZIP

TITLE

**S**

☐ DELETE

NAME

**KOBUS, KATHLEEN  
8111 GARDEN RD UNIT K  
WPB FL**

CITY-ST-ZIP

TITLE

**V**

☐ DELETE

NAME

**CASASNOVAS, CLAUDIG  
8111 GARDEN RD UNIT K  
WPB FL**

CITY-ST-ZIP

TITLE

**T**

☐ DELETE

NAME

**ROBERTS, PATRICIA  
8111 GARDEN RD UNIT K  
WPD GL**

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

Date

407-863-1043

Daytime Phone

CR2E034 (12/95)