FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M36415

(1)

AUTO PAINTING U.S.A. BODY REPAIR CENTERS, INC. OF NORTH PALM BEACH

Principal Place of Business Mailing Address						. (************************************))) #1 9 11		. 81) . 81811 1841	
B111 GARD	EN RD	B111 GARDEN RD								
UNIT K		UNIT K				DO NOT WOITE IN THE SPACE				
WPB FL 33 US	404	WPB FL 33404 US				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPAC			
						08/07/1986				
	Place of Business	2a. Mailing Address				4, FEI Number		1	pplied For	
21		26				59-2691471		-	lot Applicable	
Sulte, Ap	II. #, BIC.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & St	ate	City & State				• Floring Committee Signature			·	
23	ato	28				Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country	Zip Zip	Country	 -		8. This corporation owes or has paid the c				
24	25		30			Personal Property Tax due June 30.	Ye		No No	
,	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
SAPIR, M. RICHARD ESQ.					lame					
222 LAKEVIEW AVE SUTE 1400				-	treet Aridres	ss (P.O. Box Number is Not Acceptable)				
8	SUITE 1200		82	"	nicot Addies	ss (1.0. box number is not neceptable)				
٧	VEST PALM BEACH FL 33401		63							
			84	ļ_	City		85	70	Code	
			64	٦	λι ι y	F	_ **	21	COUB	
11. Pursuar	nt to the provisions of Sections 607.050	J2 and 607.1508, Florida Statutes	s, the above	e-na	amed corpor	ration submits this statement for the purpose	of char	nging	its registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, if hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	<u> </u>									
	Signature, typed or printed name of registered age			ent si	ignature required	when reinstating) DATE				
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	_			
TITLE	KOBUS, THOMAS	L] DELETE	1.1 TITLE				ш,	Change	Addition	
NAME	6444 CADDEN DD LIMIT K			1.2 NAME						
STREET ADDRESS	· ·	WIDO CI		1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	8	DELETE	1.4 CiTY - ST 2.1 TITLE		 		777	Change	Addition	
NAME	KOBUS, KATHLEEN		2.1 NAME					mango	Addition	
STREET ADDRESS	AAAA OADDEN DO HAIT IZ		2.3 STREET ADDRESS		ADECC					
-	WPB FL		2 4 CITY-SI-ZIP							
CITY-ST-ZIP TITLE	V	DELETE	3 1 TITLE	31-1			\Box	Change	☐ Addition	
NAME	CASASNOVAS, CLAUDIG				ĺ					
STREET ADDRESS	8111 GARDEN RD UNIT K	A444 CADDEN DD HNIT II		3.3 STREET ADDRESS					:	
CITY-ST-ZIP	WPB FL		3.4. CITY- S	ST-7	IP					
TITLE	1	OELETE 4.11		4.1 TITLE				hange	Addition	
NAME	ROBERTS, PATRICIA		4. 2 NAME							
STREET ADDRESS	8111 GARDEN RD UNIT K		4.3 STREET		RESS					
CITY-ST-ZIP	WPD GL		4.4 CITY-S	1-Z	P					
TITLE		DELETE	5.1 TITLE				(Change	Addition	
NAME			5.2 NAME		•					
STREET ADDRESS	s		5.3 STREET	ADD	RESS					
CITY-ST-ZIP			5.4 CITY - S	T- 21	Р					
TITLE		☐ DELETE	6.1 TITLE] _	· — · · · · ·		Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS	5		6.3 STREET	ADO	RESS					
CITY-ST-ZIP	<u> </u>		6.4 CITY - S							
indicate	d on this annual report or supplementa	al annual report is true and accur	rate and tha	at n	ny signature.	ection 119.07(3)(i), Florida Statutes. I further o shall have the same legal effect as if made u	nder o	ath: th	hat I am an	
indicated on this annual report or suppliemental 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 algorithment with an address.										
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SIGNATURE: / Momaso Kolyun

4/13/91 5618631043

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May 05 1998 8:00am

Secretary of State

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