FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M82460** **(0)**

1. Corporation Name
CONSUMERS' PAINT & BODY, INC.

Principal Place of Business	Mailing Address
% FRANK R. WALLMUELLER 461 SW 3RD AVE. BOYNTON BCH. FL 33435	% FRANK R. WALLMUELLER 461 SW 3RD AVE. BOYNTON BCH. FL 33435

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 609 N Federal Hwy	26 609 N Federal Hwy
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Boynton Bch, Fl	28 City & State: Boynton Beach Fl
24 Zip: 33435-4108 25 Country: USA	29 Zip: 33435-4108 30 Country: Palm Beach

4. FEI Number: 65-0052765 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALLMUELLER, FRANK R.
461 SW 3RD AVE.
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name: Wallmueller, Frank R
82 Street Address (P.O. Box Number is Not Acceptable): 609 N Federal Hwy
83
84 City: Boynton Beach FL 85 Zip Code: 33435-4108

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 _____ Feb 14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/D ☑ Change ☐ Addition
NAME	WALLMUELLER, FRANK R.	12 NAME	Frank R. Wallmueller
STREET ADDRESS	461 SW 3RD AVE.	13 STREET ADDRESS	609 N. Federal Hwy
CITY-ST-ZIP	BOYNTON BCH. FL	14 CITY-ST-ZIP	Boynton Bch Fl, 33435-4108
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: _____ Feb 14/95 (407) 737 3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0283433 CP