Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90175 004 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MEN I # <b>M90445</b> R PAINT & BODY INC.	ō .		( (MB) 1883 ( (10 (10) ( MB) (	isi Bishi Bishi titir A	<b>1</b> 13 <b>6</b> 1 <b>6</b> 11 1 <b>60</b> 1
						C()
Principal Place	e of Business	Mailing Address		t imalibust ich totil dolls minti niven mir nin	IST MINITE MINITE ALENI NE	BIT BIETT (ES)
124A LINDY LA		124A LINDY LANE		·		
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33			06	`		
US		US		DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualifed 07/21/1988		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	lied For
21		26		65-0059915	<del></del>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22		27			Fee Red	<del></del>
City & State	e	City & State		6. Election Campaign Financing	\$5.00 t Added to	,
23			Country	Trust Fund Contribution		rees
Zip	Country		<del></del>	This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Curren		30	10. Name and Address of New Registere		
}	9. Name and Address of Currer	ii Kedisteren Ağeni	81 Name	10. Name and Address of New Negrotos		
SPIC	ER, STEPHEN & PENNY					<u></u>
124A LINDY LANE			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
•	T PALM BEACH FL 33406		83	<del></del>	<del></del>	
					1	
			84 City	F	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statute:	s, the above-named c	ornoration submits this statement for the purpose	of changing its	egistered
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	thorized by the corpor	ration's board of directors. I hereby accept the app	pointment as reg	istered
agent. I ai	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	ua sialules.			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Agent signature rec	quired when reinstating) . DATE		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	Р	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	SPICER, STEPHEN R		1.2 NAME			
STREET ADDRESS	124A LINDY LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY- \$T-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	SPICER, PENNY M		2.2 NAME			
STREET ADDRESS	124A LINDY LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL		2.4 CITY-ST-ZIP			- A 1455
TITLE		☐ DELETE	3.1 TITLE		- Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY- ST- ZIP		Character Character	□ Addition
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4 2 NAME			
STREET ADDRESS	1 674		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Channa	Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			į
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition
TITLE		☐ DELETE			Change	
NAME			6.2 NAME	•		
STREET ADDRESS			6.3 STREET ADDRESS			

14. I hereby certify that the information supplied with this filing 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 copporation 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 any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: