

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M95556** (0)

1. Corporation Name

NORTHLAKE AUTO FINISH, INC.



Principal Place of Business 551 S. MILITARY TRAIL WEST PALM BEACH FL 33415	Mailing Address 551 S. MILITARY TRAIL WEST PALM BEACH FL 33415
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0069290	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THOMPSON, DOUGLAS E. 4524 GUN CLUB RD., STE 101 W PALM BEACH FL 33415		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

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  **DOUGLAS E. THOMPSON** **01/26/98**
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	D- STALUPPI, JOHN <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD NELSON, ROBERT H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	551 S. MILITARY TRAIL	1.2 NAME	375 PARK AVENUE 22ND FLOOR
STREET ADDRESS	W PALM BCH FL	1.3 STREET ADDRESS	NEW YORK, NY 10152
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D- STALUPPI, JOHN <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	551 S. MILITARY TRAIL	2.2 NAME	PROVENZO, NICHOLAS C
STREET ADDRESS	WEST PALM BEACH FL	2.3 STREET ADDRESS	551 SOUTH MILITARY TRAIL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33415
TITLE	ST STALUPPI, JEANETTE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	55 S MILITARY TRAIL	3.2 NAME	SMITH, JR. PHILIP N
STREET ADDRESS	W PALM BCH FL	3.3 STREET ADDRESS	375 PARK AVENUE 22ND FLOOR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NEW YORK, NY 10152
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	WINTERS, KARL H
STREET ADDRESS		4.3 STREET ADDRESS	375 PARK AVENUE 22ND FLOOR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NEW YORK, NY 10152
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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  **NICHOLAS C. PROVENZO** VP **01/26/98** (561) 683-7100

CR2E034 (10/97)