Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90008 039 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078521

1. Corporation Name

PAY LESS PAINT & BODY SHOP INC-

Mailing Address Principal Place of Business 5932 FUNSTON STREET 5932 FUNSTON STREET HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualifed 11/01/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0448194 Not Applicable 21 \$8.75 Additional Suite, Apt. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country This corporation owes the current year Intangible Country 9. Name and Address of Current Registered Agent Personal Property Tax. ☐ Yes 30 10. Name and Address of New Registered Agent 81 Name MIRABELLA, SALVATORE 82 Street Address (P.O. Box Number is Not Acceptable) 11621 SW 22 CT DAVIE FL 33325 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation admits 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition ☐ DELETE **PVST** 1.1 TITLE TITLE MIRABELLA, SALVATORE 1.2 NAME NAME 11621 SW 22 CT 1.3 STREET ADDRESS STREET ADDRESS DAVIE FL 33325 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ Addition □ DELETE 2.1 TITLE TITLE. 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 31 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIF CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS 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 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 ap attachment with an address, with an other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/5 /99 Date

954 963 5406 Davime Phone #