


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1999. 1999
AMOUNT DUE ON OR BEFORE 09/30/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998/1999				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000081943 1. Corporation Name BB PAINT & BODY SHOP, INC.					

FILED
99 NOV -4 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 227 JUPITER ST JUPITER FL 33458	Mailing Address 227 JUPITER ST JUPITER FL 33458
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/93		4. FEI Number 65-0465430		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
23 Zip		28 Zip		Country		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	
24		25		29		30			

9. Name and Address of Current Registered Agent JAMES K. BURROUGHS 16628 VALENCIA BLVD LOXAHATCHEE FL 33470		10. Name and Address of New Registered Agent 81 Name DENISE K. BURROUGHS 82 Street Address (P.O. Box Number is Not Acceptable) 17566 70th ST N 83 84 City LOXAHATCHEE FL 85 Zip Code 33470	
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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: DENISE K. BURROUGHS *Denise K. Burroughs* 11/3/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CLIFFORD E. <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BURROUGHS - PRES		1.2 NAME 100003046281--5	
STREET ADDRESS 17566 70th ST N		1.3 STREET ADDRESS -11/16/99--01093--004	
CITY-ST-ZIP LOXAHATCHEE FL 33470		1.4 CITY-ST-ZIP *****61.25 *****61.25	
TITLE J.P. SEC TREAS <input checked="" type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JAMES BURROUGHS		2.2 NAME	
STREET ADDRESS 16628 VALENCIA BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP LOXAHATCHEE FL 33470		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE V.P. SEC/TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		3.2 NAME DENISE BURROUGHS	
STREET ADDRESS		3.3 STREET ADDRESS 17566 70th ST N	
CITY-ST-ZIP		3.4 CITY-ST-ZIP LOXAHATCHEE FL 33470	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: DENISE BURROUGHS V.P. *Denise K. Burroughs* 11/3/99 5617980588
Signature and typed or printed name of signing officer or director Date Daytime Phone