

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90078 035 ***150.00

DOCUMENT # P94000064056

1. Corporation Name

ABOVE ALL AUTO BODY AND PAINT, INC.

Principal Place of Business

1181 N.E. 1ST AVENUE
POMPANO BEACH FL 33060

Mailing Address

1181 N.E. 1ST AVENUE
POMPANO BEACH FL 33060



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1994

4. FEI Number
65-0520961

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 350 SW 14TH AVE

2a. Mailing Address

26 350 SW 14TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 POMPANO BEACH FL.

City & State

28 POMPANO BEACH, FL.

Zip

24 33069

Country

25 USA

Zip

29 33069

Country

30 USA

9. Name and Address of Current Registered Agent

DENMAN, JAMES B
2400 E. COMMERCIAL BLVD.
SUITE 208
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-6-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DONOVAN, SEAN M
STREET ADDRESS
5287 NW 55TH ST.
CITY-ST-ZIP
COCONUT CREEK FL

TITLE ☐ DELETE

NAME
DONOVAN, ADELE J
STREET ADDRESS
5287 NW 55TH ST.
CITY-ST-ZIP
COCONUT CREEK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2131 NW 69TH COURT
FT. LAUDERDALE, FLORIDA 33309

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

2131 NW 69TH COURT
FT. LAUDERDALE, FLORIDA 33309

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

5-6-99 (954)941 0270

CR2E034 (11/98)

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