


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

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**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90043 049 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000089810**

1. Corporation Name

**THE VILLAGE PAINT SHOPPE INC.**

Principal Place of Business

3801 W LAKE MARY BLVD  
LAKE MARY FL 32746  
US

Mailing Address

51 CHESTNUT RIDGE ROAD  
MONTVALE NJ 07645

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/12/1994**

4. FEI Number

**59-3287741**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	YVAN, DUPUY	
STREET ADDRESS	51 CHESTNUT RIDGE RD	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOLIND, MICHAEL A	
STREET ADDRESS	2501 W NORTH AVENUE	
CITY-ST-ZIP	MELROSE PAK IL 60160-1197	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANDERPOOL, JOHN R	
STREET ADDRESS	2501 W NORTH AVENUE	
CITY-ST-ZIP	MELROSE PARK IL 60160-1197	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	AYDT, ROBERT S	
STREET ADDRESS	3801 W LAKE MARY BLVD	
CITY-ST-ZIP	LAKE AMRY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KILBOURNE, MARK S	
STREET ADDRESS	51 CHESTNUT RD	
CITY-ST-ZIP	MONTVALE NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RAFFERTY, JOHN T	
STREET ADDRESS	51 CHESTNUT RIDGE RD	
CITY-ST-ZIP	MONTVALE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)