

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

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Mar 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000021857 (4)  
1. Corporation Name  
THE PAINT STORE, INC.



Principal Place of Business: 1 SW AVENUE A, BELLE GLADE FL 33430  
Mailing Address: 1 SW AVENUE A, BELLE GLADE FL 33430-3015

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. 300 S. Main Street	26. 300 S. Main Street	03/16/1995	02/21/1996
22. City & State	27. City & State	4. FEI Number	Applied For
23. Belle Glade FL	28. Belle Glade FL	65-0566525	Not Applicable
24. Zip 33430	29. Zip 33430	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBINSON, VERA L 1 SW AVENUE A BELLE GLADE FL 33430		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		300 S. Main Street	
		83.	
		84. City Belle Glade FL 85. Zip Code 33430	
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: Vera L. Robinson / Pres.		DATE: 3-12-97	
Signature typed or printed name of registered agent and then applicable		(NOTE: Registered Agent signature required when reinstating)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, KENNETH L	1.2 NAME	
STREET ADDRESS	932 SE 4TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL 33430	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, VERA L	2.2 NAME	
STREET ADDRESS	932 SE 4TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL 33430	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
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 do 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: Vera L. Robinson  
DATE: 3-12-97  
DAYTIME PHONE: (561) 996-2570

CR2E034 (9/96)