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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077514 (4)

ADVANCED PAINT STRIPING AND SEALING, INC.

3420 NE 30TH CT 3420 NE 30TH CT OCALA FL 34479 OCALA FL 34479-3090 3. Date Incorporated or Qualified 3a. Date of Last Report 03/19/1996 10/05/1995 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-3339547 21 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution ŽΩ Ζip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BOMBASSEI, BRIAN A Bomba sse 3420 NE 30TH CT 82 OCALA FL 34479 83 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. Dombasse Pres OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change Addition 11 TITLE THLE BOMBASSEI, BRIAN A 1.2 NAME NAME 3420 NE 30TH CT STREET ADDRESS 1.3 STREET ADDRESS OCALA FL 1.4 CITY - ST - ZIP CHTY-ST-ZIP Vice Pers. DELETE Change Addition 2.1 TITLE TIBLE GAYLE BOMBASSEL OCALA, FL 34479 2.2 NAME NAM 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CiTY-ST-ZIP CITY - \$1 - ZIP DELETE Change Addition 31 TITLE THUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TOLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ACORESIS 4.4 CITY-SY-ZIP CHTY - ST - 70° Change Addition DELETE 51 TITLE 100,6 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS

5 4 City-ST-ZiP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

6.1 TITLE

6.2 NAME

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

SIGNATURE

CITY-ST-ZIE

STREET ADDRESS

CITY - ST- 7IP

TITLE

NAME

Buran a Bondasale SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

DELETE

4/15/97 (352)867-0161

Addition

Channe

FILED

May 02 1997 8:00am

Secretary of State