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Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000034257 (1)
1. Corporation Name
DAVE COMBS' TRIM OF PALM BEACH COUNTY, INC.



Principal Place of Business
13875 TANGERINE BLVD
ROYAL PALM BEACH FL 33412

Mailing Address
13875 TANGERINE BLVD
ROYAL PALM BEACH FL 33412

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1996	
21		26		4. FEI Number 65-0675511	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent

COMBS, DAVID
13875 TANGERINE BLVD
ROYAL PALM BEACH FL 33412

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 *DAVID COMBS* 1-31-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Vice President
NAME	COMBS, DAVID	1.2 NAME	CONI RAINDS
STREET ADDRESS	13875 TANGERINE BLVD	1.3 STREET ADDRESS	13875 TANGERINE BLVD
CITY-ST-ZIP	ROYAL PALM BEACH FL 33412	1.4 CITY-ST-ZIP	WPA FL 33412
TITLE	VP	2.1 TITLE	
NAME	GAHAGAN, TERRI	2.2 NAME	
STREET ADDRESS	13875 TANGERINE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	V-P	3.1 TITLE	
NAME	CONI RAINDS	3.2 NAME	
STREET ADDRESS	13875 TANGERINE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL 33412	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 *DAVID COMBS* 1-24-98 11-291-3127

CR2E034 (10/97)