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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600066654 (0)

MOBILE PAINT MASTERS INC.

FILED Apr 22 1998 8:00am Secretary of State

4/15/98 (21-787-5328)

<u></u>													
Principal Place of Business Mailing Address									119 81119 91118 91191		,,,		
5619 DEWBERRY WAY 5619 DEWBERRY WA						85.44							
WEST PALM BEACH FL 33415				WEST PALM BEACH FL 33415					DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualified				
1									08/09/1996				
2. Principal Place of Business				2a, Mailing Address					4. FEI Number		Applied F	or	
21				26					65-0736486		Not Appli	icable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		5 Addition		
22				27					5. Commodic of dialog Desired	fee Fee	Required]	
City & State	е			City & State					6. Election Campaign Financing		O May B	-	
Zip Country				Zip Country					Trust Fund Contribution		d to Fees		
-			29				1		8. This corporation owes or has paid th	ne current year Yes	Intangible No	э	
24 25 25 9. Name and Address of Curre							_		Personat Property Tax due June 30. Lx Yes L No 10. Name and Address of New Registered Agent				
W		·	<u></u>			81	Tī	Name	10.	or o			
WARD, JONATHAN A 5619 DE WBERRY WAY				•			<u> </u>	<u> </u>					
WEST PALM BEACH FL 33415						82	{	Street Addres	ss (P.O. Box Number is Not Acceptable)				
} '''	OI TALM	DENOTITE 33410				83	†-						
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1						84	(City		FL 85 Zi	ip Code		
11. Pursuant	to the provis	ions of Sections 607.0	502 and	607.1508, Florida St	atutes, the	abovi	e-n	named corpo			its regist	tered	
office or r	egiste red ag m fam iliar wi	jent, or both, in the Sta ith, and accept the obl	ate of Flor ligations (ida. Such change w of. Section 607.05 0 5	as authoriza Florida Sta	ed by atute:	y th s.	he corporatio	ration submits this statement for the purpon's board of directors. I hereby accept the	e appointment	as registe	ered	
SIGNATURE					1		-						
SIGNATORE	Signature typed	or parted name of registured	agent and titl	ie if applicable (NOTE Register	ed Age	ent s	signature required	d when reinstating) D/	ATE			
12.		OFFICERS A	AND DIRE		13.				ADDITIONS/CHANGES TO OFFICERS				
TITLE	P			☐ DELETE	1.11	TITLE				Chang	e ∐ Ac	ddilion	
NAME WARD, JONATHAN A				1.2 NAME									
STREET ADDRESS 5619 DEWBERRY WAY			.445				1 AD	DDRESS					
CITY-ST-ZIP WEST PALM BEACH FL			415				ST - Z	ZIP					
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NAME						2 NAME							
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NAME						NAME		*******					
STREET ADDRESS								DDRESS					
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STREET ADDRESS								ODRESS					

14. Thereby 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.