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

PROFIT '
CORPORATION
ANNUAL REPORT

NUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 25 1997 8:00am Secretary of State

DOCUMENT # P96000098354 1. Corporation Name Classic Paint + Body, INC										
Principal Place of Business AND LATE 2565 NW 1ATE 2565 NW 1ATE BOCA RATON F1. 33431 F1. 33431						3. Date Incorporated or Qualified 12-5-1991	ENDUD 3a. Dat	e of Last F	Report	7
2. Principal F	Place of Business	2a. Mailing Addr	ess			4. FEI Number		I A	pplied For	1
21		26				65-0713879		N	ot Applicable]
Suite, Apt.	. #, etc.	Suite, Apt #.	etc.			5. Certificate of Status Desired			Additional	
22 City & Stat	to	City & State							equired	4
23	te	28				6. Election Campaign Financing Trust Fund Contribution		,	May Be to Fees	1
Zip	Country	Zip	Co	untry		8. This corporation has liability for				┨
24.	25	29	30				~ ~ —] No		
	9. Name and Address of Curren	Registered Agent				10. Name and Address of New Re	gistered A	gent		Ī
Dete	er J. Iodize			81 Name	AllA	N KRUGER				
2505 NW 14 Acc.				82 Street	l Addres	s (P.O. Box Number is Not Accepta	ble)			1
Bas NW 19 Hoc.				83 5	420	N.W. 333 Rd.	ANF			4
DULA	. RAton, R 33431			°3 50	VIT	E 109				l
				84 City	ct	1001	FL	85 Zip	Code 3,309	1
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florid	da Statutes, the a	L L Z	d corpora	ation submits this statement for the	ourpose of	changing i	ts registered	1
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such chan tions of, Section 607.	ge was authorize 0505. Florida Sta	ed by the contutes.	rporation	's board of directors. I hereby acce	pt the appo	entment as	registered	
SIGNATURE	Signature typed of pointed name of registered ago		(NO1(: Register	N 1111	21	Srugg.				ŀ
12.	OFFICERS AND	DIRECTORS	(NOTE: Register		re required v	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	RS IN 12	٦a
TITLE		DE DE			PR	5 5 5 4 7 T		Change	Addition	18
NAME	DIRECTON RA PETEN J Jodice		121	IAME	GI	ORIA BETH GRO	gan '	_ ,		2
STREET ADDRESS			1.3 \$	TREE1 ADORESS	25	65 NW IST AUG				1
CITY-ST-ZIP			1.4 0	CITY - ST - ZIP	Bo	CA RATON, Fl.	3343	3/		ž
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CITY-ST-ZIP				CITY-ST-ZIP						╛
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CITY-ST-ZIP				CHY-\$1-ZIP						
TITLE		DE			 			Change	Addition	1
NAME			5.2 N	IAME	1		_	- <i>'D</i>	6	1
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TITLÉ		De				8000022 -08/26/9701 ***61.25	775	£650ge	Addition	1
NAME			621	IAME	1	_00/20/2701	0750	114		
STREET ADDRESS)		635	TREET ADDRESS	1	—ეტელიები მა ლალაცე ენ	J			
CITY-ST-ZIP	I		640	(TY-ST-7)P	1	ホホヤい1・仁.J				1

I do hereby certify that the information supplied with this filling 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 trusted 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

8-18-97

361-3003