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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT

Sandra B. Morth

Secretary of Stat DIVISION OF CORPORATIONS

STATE

## **DOCUMENT** # P97000044391 (5)

MOBILE AUTO COLORS, INC.

Pri	ncipal	Place	of	Business	

Mailing Address

## **FILED** Mar 25 1998 8:00am Secretary of State



17165 WATERBEND DRIVE 17165 WATERBEND DRIVE **UNIT 207 UNIT 207** DO NOT WRITE IN THIS SPACE JUPITER FL 33468 JUPITER FL 33468 3. Date Incorporated or Qualified 05/20/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 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 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No X Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMERILAWYER CHARTERED 343 ALMERIA AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 84 City Zip Code 85 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 Signature, typind or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE NAME HUMPHREY, KEVIN 1.2 NAME STREET ADDRESS 17165 WATERBEND DR. UNIT 207 1.3 STREET ADDRESS Jupiter fl 33468 CITY-ST-7iP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY - ST - 7IP CITY-ST-ZIP

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 complemental annual report is true and accurate anii that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the coreiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attacking my with an address.

SIGNATURE: