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**CORPORATION
ANNUAL REPORT
1995**



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

95 JUN 28 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09222 (3)

1. Corporation Name

NEW LIFE PAINT AND BODY SHOP, INC.

Principal Place of Business

8712 SW 132ND ST
MIAMI FL 33170

Mailing Address

8712 SW 132ND ST
MIAMI FL 33170

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/24/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

75-0319030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BROWN, JAMES D., JR.
228 VALENCIA AVE
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

ROBSON, SAMUEL K

STREET ADDRESS

6155 NW 99 WAY

CITY-ST-ZIP

PARKLAND FL

TITLE

STD

NAME

ROBSON, MARY JO

STREET ADDRESS

6155 NW 99 WAY

CITY-ST-ZIP

PARKLAND FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

895131905776

-05/10/95--96616--055

******200.00 ****200.00**

☐ Change ☐ Addition

800001527818

-06/30/95--01012--020

*******25.00 *****25.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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05/10/95 96616 55
H DEPOSITED BY BANK

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 the attachment with an address.

SIGNATURE:

Mary Jo Robson

MARY JO ROBSON STD

(305) 755-8303

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)