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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 649273 (0)

1. Corporation Name
SALEMI'S BODY SHOP, INC.



Principal Place of Business 1602 N. ARMENIA AVENUE TAMPA FL 33607	Mailing Address 1602 N. ARMENIA AVENUE TAMPA FL 33607-3402
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3. Date Incorporated or Qualified 12/26/1979	3a. Date of Last Report 04/01/1996
4. FEI Number 59-1961626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	9. Name and Address of Current Registered Agent SALEMI, SAM 1602 N. ARMENIA AVENUE TAMPA FL 33607	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
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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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME SALEMI, SAM, JR	1.1 TITLE	
STREET ADDRESS 7903 GOLDEN GLEN	CITY-ST-ZIP TAMPA, FL 00000	1.2 NAME	
TITLE VD	NAME SALEMI, SAM, SR	1.3 STREET ADDRESS	
STREET ADDRESS 8306 TERRACE WOOD CIRCLE	CITY-ST-ZIP TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE ST	NAME SALEMI, GRACE	2.1 TITLE	
STREET ADDRESS 8306 TERRACE WOOD CIRCLE	CITY-ST-ZIP TAMPA, FL 00000	2.2 NAME	
TITLE V	NAME RUSSO, PATRICIA	2.3 STREET ADDRESS	
STREET ADDRESS 16315 NORWOOD DRIVE	CITY-ST-ZIP TAMPA FL	2.4 CITY-ST-ZIP	
TITLE V	NAME SANDRA, ILER	3.1 TITLE	
STREET ADDRESS 2508 LANCER DR	CITY-ST-ZIP TAMPA FL	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	
TITLE	NAME	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
TITLE	NAME	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
TITLE	NAME	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
TITLE	NAME	6.4 CITY-ST-ZIP	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *Sam Salemi, Jr.* **Sam Salemi, JR.** 2/26/97 (813) 879-2723
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)