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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **691686** 

(0)

BEACH AUTO BODY, INC.

Principal Place of Business Mailing Address 112 TOMAHAWK DRIVE 112 TOMAHAWK DRIVE INDIAN HARBOUR BEACH FL 3283 1518 INDIAN HARBOUR BEACH FL 32937-3519 3a. Date of Last Report 3. Date Incorporated or Qualified 06/24/1981 02/20/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-2103386 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 C Zip Country  $Z_{1D}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ORAM, RICHARD 112 TOMAHAWK DR Street Address (P.O. Box Number is Not Acceptable) 82 IND HRBR BCH, FL 32937 83 84 City Zip Code 65 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. Signal vill typon or printed earlie of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. PD Addition Change DELETE 1 1 TITLE ORAM, RICHARD H 1.2 NAME NAME 112 TOMAHAWK DRIVE 1.3 STREET ADDRESS STREET ADDRESS INDIAN HARBOR BCH FL 1.4 CITY-ST-ZIP DELETE Change Addition THE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 0:1Y - \$T - ZiP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition 31 TITLE TITL5 NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** 3.4. CITY - ST - ZIP CITY-ST-7I2 DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST 2iP DELETE Change Addition 5.1 T/TLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 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 ranged, or **O**n an attachment with an address

61 TITLE

62 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - 7IP

CITY - S1 - 7/P

STREET ADDRESS

CITY-ST-ZiP

THE NAME

DELETE

Change

Addition

FILED

Jan 27 1997 8:00am

Secretary of State

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