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

KISSIMMEE FL 34746

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # F98000006838

1. Corporation Name

KISSIMMEE FL 34746

NORTHEAST COLLISION ANALYSIS, INC.				
Principal Place of Business	Mailing Address			
1342-107 E. VINE STREET	1342-107 E. VINE STREET			

**FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90125 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

				Date Incorporated or Qualifed				
				12/17/1998				
Principal Place of Business 2a. Mailing Address				J	4. FEI Number App	lied For		
21 _		26				02-0396127 Not	Applicable	
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			\$8.75 Ac		
27			5. Certificate of status besited Fee Req	uired				
City & State City & State				6. Election Campaign Financing \$5.00 May Be				
23	3			Trust Fund Contribution Added to	Fees			
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible	_/	
24	25	29	30			Personal Property Tax. Yes No		
	9. Name and Address of Currer	t Registered A	gent			10. Name and Address of New Registered Agent		
					Name			
	e, larry			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	-107 E. VINE STREET			02	Street Address (P.O. Box Number is Not Acceptable)			
KISSI	IMMEE FL 34746			83				
				<u> </u>	ļ		-d-	
				84	City	FL 85 Zip C	Dae	
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508	. Florida Statutes	the above	e-named c		egistered	
office or i	registered agent, o both, in the State	of Florida. Such	change was auth	orized by	the corpor	corporation submits this statement for the purpose of changing its reation's board of directors. I hereby accept the appointment as reg	istered	
agent. I a	am familiac with and accept the soliga	tion of Section	1 607.0505, Florida	Statutes	1	D- 1- My 4.79	99	
SIGNATURE	Signature, wheel or printed name of registered age	at an title if applicable	Lauren	reintered Area	nt signature n	ac HUS ON HUAGE PATE	1_1 \	
12.		D DIRECTORS		13.	nt signature in	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12	
TITLE	PDST	ID DITTEOTORS	☐ DELETE	1.1 TITLE	T	Change	Addition	
	DUBOIS, ROBERT			1.2 NAME	į			
NAME	AND DOOLFORD LINE DOED			TADORESS		(		
STREET ADDRESS								
CITY-ST-ZIP	ROCHESTER NH 03867		☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP	Change	Addition	
TITLE	A THEORY		DCTLIL					
NAME	bobolo, ratoriar		2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS		Į		
CITY-ST-ZIP	ROCHESTER NH 03867			2. 4 CITY-5	ST-ZIP	Change	☐ Addition	
TITLE			☐ DELETE	3.1 TITLE		□ Change		
NAME	İ			3.2 NAME				
STREET ADDRESS	;			3.3 STREE	TADDRESS		ļ	
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP			
TITLE			☐ DELETÉ	4.1 TITLE		☐ Change	Addition	
NAME	}			4 2 NAME			-	
STREET ADDRESS				4.3 STREE	T ADDRESS		+	
CITY-ST-ZIP				4.4 CITY- S	T-ZIP			
TITLE			☐ DELETE	5.1 TITLE		Change	Addition	
NAME	1			5.2 NAME				
STREET ADDRESS				5.3 STREE	T ADDRESS			
CITY-ST-ZIP				5.4 CITY-S	IT-ZIP			
TITLE			☐ DELETE	6.1 TITLE		Change	Addition	
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREE	TADDRESS			
	· ·	_		6.4 CITY-S				
CITY-ST-ZIP		$\overline{}$		0.4 OH 123	اب ۱۰			

14. I hereby certify that the information supplied with this fling 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)