

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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # G90745

1. Corporation Name

TOP NOTCH AUTOBODY, INC.

(2)

149 S.E. 2nd ST.



Principal Place of Business

**149 SW 2ND STREET
 DEERFIELD BEACH FL 33441
 US**

Mailing Address

**149 SE 2ND STREET
 DEERFIELD BEACH FL 33441
 US**

3. Date Incorporated or Qualified
02/09/1984

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. 29. 30.

4. FEI Number
59-2385810

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, MICHAEL J.
 517 SW FIRST AVENUE
 FT LAUDERDALE FL 33301**

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 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 DELETE
 NAME **PVT CALI, FRANK**
 STREET ADDRESS **920 SE 12TH TERRACE**
 CITY- ST- ZIP **DEERFIELD BEACH FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY- ST- ZIP

TITLE DELETE
 NAME **S CALI, MARIE F.**
 STREET ADDRESS **920 SE 12TH TERR.**
 CITY- ST- ZIP **DEERFIELD BCH. FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY- ST- ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY- ST- ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY- ST- ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY- ST- ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 if changed, or on an attachment with an address.

SIGNATURE:

Frank Cali **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97 (954) 426-8880
 Date Daytime Phone #

CR2E034 (9/96)