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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K49733

1. Corporation Name CAR BODY CONCEPTS, INC.

Principal Place of Business

Mailing Address

8500 NW 96ST. MEDLEY FL 33166 US

8500 NW 96TH ST MEDLEY FL 33166 US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 9970 NW 89th CT

22 City & State

27 MEDLEY, FL

23 Zip Country

28 33178 29 DADE

9. Name and Address of Current Registered Agent

JIMENEZ, CESAR 8500 N.W. 96 ST. MEDLEY FL 33166

81 Name RON WHITE 82 Street Address (P.O. Box Number is Not Acceptable) 9970 NW 89th CT 83 84 City MEDLEY FL 85 Zip Code 33178

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 607.05, Florida Statutes.

SIGNATURE

Signature of registered agent and, if applicable, (NOTE: Registered Agent signature required when incorporating)

1/22/99

12. OFFICERS AND DIRECTORS

Table with 3 columns: TITLE, NAME, ADDRESS. Row 1: PD JIMENEZ, CESAR E. 12945 CHERRY RD. N. MIAMI FL. [X] DELETE. Rows 2-6: [] DELETE.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 3 columns: TITLE, NAME, ADDRESS. Row 1: P RON WHITE 9970 NW 89th CT. MEDLEY, FL 33178 [] Change [X] Addition. Row 2: T JOHN PALYMO 9970 N.W. 89th CT. MEDLEY, FL 33178 [] Change [X] Addition. Row 3: S JAMES LOCKWOOD 9970 NW 89th CT. MEDLEY, FL 33178 [] Change [X] Addition. Row 4: 100002770731-3 -02/03/93 -01131--011 ****150.00 ****150.00 [] Change [] Addition. Row 5: [] Change [] Addition.

Handwritten signature

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 in all other like empowered

SIGNATURE:

Signature of signing officer or director

1/22/99

FILED 99 FEB -3 PM 12:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified 12/07/1988
4. FEI Number 65-0087219 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 owes the current year Intangible Personal Property Tax [] Yes [] No
10. Name and Address of New Registered Agent