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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 11 1997 8:00am

Secretary of State

954-427-2077

2-04-97

Marta Zotta

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L34744

(7)

CONTOUR AUTOMOTIVE, INC.

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Principal Place	Mailing Address	s			- 1 HEBUIDIK ODE KUKU BUDIK DOEKA DIBU DUDU DUBKA BUDIK DIBUK DUDUK DUDUK DUDUK DUDUK DUDUK BEDI				
% MARTA L. ZOTTA 2929 VIA NAPOLI DEERFIELD BEACH FL 33442		% Marta L. Zotta 2929 via Napoli Deerfield Beach Fl							
						3. Date incorporated or Qualified 12/05/1989		ate of Last Re 26/1996	port
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				65-0182293			1 Applicable
Suite, Apt. #. etc		Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	- 1
Zıp 24	Country 25	Zip 29	30	intry		This corporation has liability for Florida Statutes		tax under s.	199.032,
	9. Name and Address of Curre		1251			10. Name and Address of New Re	egistered	Agent	
70T	TA, MARTA L.			81	Name			÷	
2929	VIA NAPOLI			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
UEE	RFIELD BEACH FL 33442			83					
				84	City		FL	85 Zip (Code
11. Pursuant to office or reagent. Lar	o the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obli	02 and 607.1508, Florida Sta e of Florida. Such change w gations of, Section 607.0505	atutes, the a as authorize , Florida Sta	bove d by tutes	named corp the corporati	oration submits this statement for the ion's board of directors. I hereby acce	purpose o	f changing its pointment as	s registered registered
SIGNATURE			MOTE Projection		al signature requir	ed when reinstating)	DATE		
	Signature, typed or printed name of registered at OFFICERS AI	yont and tille if applicable. (13.	o Aper	ui signatura recom	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
12. 111LE	D	DELETE	1,1 T	ULE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	☐ Change	Addition
NAME			1.2 N	IAME					
STREET ADDRESS	2929 VIA NAPOLI		1.3 S	1.3 STREET ADDRESS					
CITY - ST - ZIP	P 10 10 10 10 10 10 10 10 10 10 10 10 10		aty-st	T-ZIP				1 4 1 1 1 1	
TITLE	— I		2.1 T	ITLE	}			L Change	Addition
NAME	ZOTTA, MARTA L.		2.21						
STREET ADDRESS	2929 VI ANAPOLI				ADDRESS				
CITY-ST-ZiP	DEERFIELD BCH FL	DELETE	2. 4 C	CITY-S	ST-ZIP			Change	Addition
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NAME STREET ADDRESS					ADDRESS				
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TITLE	<u></u>	DELETE	4.1 7					☐ Change	Addition
NAME			4.21	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			440	CITY-S	T-ZiP				
TITLE		DELETE	51 T	ITLE				Change	Addition
NAME			5.2 N	NAME	İ				
STREET ADDRESS			5.3 \$	STREET	ADDRESS				
C+TY - ST - ZIP			5.4 0	CITY-S	T- ZIP				
TITLE		DELETE	6.1 7	IITLE				Change	Addition
NAME			6.2 %	3MAP					
STREET ADDRESS			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.

Q52_2077