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May 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L65397

1. Corporation Name
SOUTH FLORIDA AUTOMOBILE RESTORATION, INC.

Principal Place of Business 1450 S. DIXIE HWY. BOCA RATON FL 33732	Mailing Address 1450 S. DIXIE HWY. BOCA RATON FL 33732
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14 S. SWINTON AVE	2a. Mailing Address 26 14 S. SWINTON AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DELRAM BEACH FL	City & State 28 DELRAM BEACH FL
Zip 24 33444	Country 25 USA
29 33444	30 USA

3. Date Incorporated or Qualified 04/13/1990	4. FEI Number 65-0190995	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SMITHER, ROBERT M., JR.
% WORRELL ENTERPRISES, INC.
1450 SOUTH DIXIE HWY.
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	14 S. SWINTON AVE
83	
84 City	DELRAM BEACH FL
85 Zip Code	33444

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	WORRELL, THOMAS E., JR.	
STREET ADDRESS	1450 S. DIXIE HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FREAKLEY, EDWIN M.	
STREET ADDRESS	200 CARTER'S GROVE LANE	
CITY-ST-ZIP	LYNCHBURG VA 24503	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	SMITHER, ROBERT M., JR.	
STREET ADDRESS	1450 S. DIXIE HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KIRMSS, EDDIE	
STREET ADDRESS	1450 S. DIXIE HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GOODYEAR, KIM	
STREET ADDRESS	1450 S. DIXIE HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WINTZER, WILLIAM R	
STREET ADDRESS	1450 S. DIXIE HWY	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14 S. SWINTON AVE
1.4 CITY-ST-ZIP	DELRAM BEACH, FL 33444
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	14 S. SWINTON AVE
3.4 CITY-ST-ZIP	DELRAM BEACH, FL 33444
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	14 S. SWINTON AVE
4.4 CITY-ST-ZIP	DELRAM BEACH, FL 33444
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	125 LA POSTA
5.4 CITY-ST-ZIP	TADS, NM 87077
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	14 S. SWINTON AVE
6.4 CITY-ST-ZIP	DELRAM BEACH, FL 33444

14. I 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, with all other like empowered.

SIGNATURE: **WILLIAM R. WINTZER** 4/27/99 (561) 243-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)