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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **M80486** **(7)**

1. Corporation Name
METRO AUTO BODY, INC.

Principal Place of Business	Mailing Address
12775 METRO PKY P.O. BOX 07246 FT. MYERS FL 33912 US	P.O. BOX 0835- P.O. BOX 07246 FT. MYERS FL 33919-0246 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1988

2. Principal Place of Business
21: 12775 METRO PKY
22: Suite, Apt. #, etc.
23: City & State: FT. MYERS, FL
24: Zip: 33912 — 25: Country: USA

2a. Mailing Address
26: Po Box 07246
27: Suite, Apt. #, etc.
28: City & State: FT MYERS, FL
29: Zip: 33919-0246 — 30: Country: USA

4. FEI Number: 65-0051880 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**

CANNAMELA, ANTHONY V.
1026 DOLPHIN DR.
CAPE CORAL FL 33904

10. **Name and Address of New Registered Agent**

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CANNAMELA, ANTHONY V.		1.2 NAME		
STREET ADDRESS	1026 DOLPHIN DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOEFFLER, DANIEL M.		2.2 NAME		
STREET ADDRESS	5220 HARDORAGE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE	DST	☒ Change ☐ Addition
NAME	ESPOSITO, PASQUALE V. J.		3.2 NAME		
STREET ADDRESS	1588 WHISKEY CREEK DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ 3/9/98 941-433-2450