

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 1. Corporation Name: **1st REQUEST AUTO TOUCH UP & PAINT REPAIR, INC.**

Principal Place of Business: 2226 S Harbor City Blvd, Melbourne, FL 32901, US
Mailing Address: 2226 S Harbor City Blvd, Melbourne, FL 32901, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. # etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. # etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified

4. FEI Number: 59-3449122 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
HANSEN, GERALD L.
545 Platt Circle
Melbourne, FL 32904

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 607.0508, 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: *Gerald S. Hansen*
Date: _____

12. OFFICERS AND DIRECTORS

TITLE	PR	<input type="checkbox"/> DELETE
NAME	HANSEN, GERALD L.	
STREET ADDRESS	545 Platt Circle	
CITY-ST-ZIP	Melbourne, FL 32904	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HANSEN, ANA MARIA	
STREET ADDRESS	545 Platt Circle	
CITY-ST-ZIP	Melbourne, FL 32904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	7000002549747
44 CITY-ST-ZIP	-06/05/98--01098--028
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	***150.00
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the person or persons named herein does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, and that I am duly 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. (See attachment with all addresses)

SIGNATURE: *Gerald S. Hansen* Date: 4-29-98

CR2E034 (10/97)