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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90099 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000048669**

1. Corporation Name
DAVE MITCHELL'S COLLISION CENTERS, INC.

Principal Place of Business: 1730 SOUTH FEDERAL HIGHWAY #315 DELRAY BEACH FL 33483
 Mailing Address: 1730 SOUTH FEDERAL HIGHWAY #315 DELRAY BEACH FL 33483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 **9816 U.S. Hwy 301 N.**
 Suite, Apt. #, etc.: 22
 City & State: 23 **Tampa, FL.**
 Zip: 24 **33637** Country: 25 **US**
 2a. Mailing Address: 26 **141 NW 20th Street**
 Suite, Apt. #, etc.: 27 **Suite G 129**
 City & State: 28 **Boca Raton, FL.**
 Zip: 29 **33431** Country: 30 **US**

3. Date Incorporated or Qualified: **05/29/1998**
 4. FEI Number: **59-3514252** 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

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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: **Larry Litowitz, Larry Litowitz, CEO** DATE: **4/29/99**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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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

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President
1.3 STREET ADDRESS	John Calia
1.4 CITY-ST-ZIP	141 NW 20th St, Suite G 129
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chief Financial Officer
2.3 STREET ADDRESS	Larry Litowitz
2.4 CITY-ST-ZIP	141 NW 20th St, Suite G 129
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Chief of Operations
3.3 STREET ADDRESS	Thomas Coyne
3.4 CITY-ST-ZIP	141 NW 20th St, Suite G 129
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **Larry Litowitz, Larry Litowitz, CEO** DATE: **4/29/99** S614179151

CR2E034 (11/98)