


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V54777 (0)

1. Corporation Name **D & P AUTO BODY & SON, INC.**



Principal Place of Business 16990 OLD US 41 NAPLES FL 33963	Mailing Address 16990 OLD US 41 NAPLES FL 33963
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16990 OLD 41 Suite, Apt. #, etc.	2a. Mailing Address 26 16990 OLD 41 Suite, Apt. #, etc.
22 City & State NAPLES, FL	27 City & State NAPLES, FL
23 Zip 34110 Country COLLIER	28 Zip 34110 Country COLLIER

3. Date Incorporated or Qualified 08/03/1992	4. FEI Number 65-0362064	Applied For <input type="checkbox"/> Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**PAULICH, JOHN III
3401 TAMiami TRAIL NORTH
SUITE 207
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *John Paulich* DATE **9-23-98**

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RYCHWALSKI, DANIEL JR	
STREET ADDRESS	1720 20TH AVE NE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	RYCHWALSKI, DAVID	
STREET ADDRESS	1071 20TH AVE NE	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RYCHWALSKI, RHONDA	
STREET ADDRESS	1720 20TH AVE NE	
CITY-ST-ZIP	NAPLES FL	
TITLE	RYCHWALSKI, DANIEL JR	<input type="checkbox"/> DELETE
NAME	RYCHWALSKI, DANIEL JR	
STREET ADDRESS	1720 20TH AVE NE, NAPLES, FL	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RHONDA RYCHWALSKI	
1.3 STREET ADDRESS	1720 20TH AVE NE	
1.4 CITY-ST-ZIP	NAPLES FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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.

SIGNATURE *John Paulich* DATE **9-23-98** **941 597-3500**

CR2E034 (5/98)