

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

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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **423558** (6)

1. Corporation Name

EARL SCHEIB OF FLORIDA, INC.

Principal Place of Business

**8737 WILSHIRE BLVD
BEVERLY HILLS CA 90211**

Mailing Address

**P.O. BOX 92184
LOS ANGELES CA 90009-2184
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/13/1973	04/15/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		05-2814902	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	
24		29		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOB	1.1 TITLE	
NAME	DANIEL A. SEIGEL	1.2 NAME	
STREET ADDRESS	8737 WILSHIRE BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BEVERLY HILL CA	1.4 CITY - ST - ZIP	
TITLE	EVP	2.1 TITLE	
NAME	CHRISTIAN K. BEMENT	2.2 NAME	
STREET ADDRESS	8737 WILSHIRE BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BEVERLY HILLS CA	2.4 CITY - ST - ZIP	
TITLE	000	3.1 TITLE	V.P., CORP. SECTRY., DIRECTOR
NAME	BEATHE, YVONNE E.	3.2 NAME	DAVID I. SUNKIN
STREET ADDRESS	8737 WILSHIRE BLVD	3.3 STREET ADDRESS	8737 WILSHIRE BLVD.
CITY - ST - ZIP	BEVERLY HILLS CA	3.4 CITY - ST - ZIP	BEVERLY HILLS, CA 90211
TITLE	VPTD	4.1 TITLE	SR V.P., CFO, TREASURER
NAME	JOHN K. MINNIHAN	4.2 NAME	JOHN D. BRANCH
STREET ADDRESS	8737 WILSHIRE BLVD.	4.3 STREET ADDRESS	8737 WILSHIRE BLVD.,
CITY - ST - ZIP	BEVERLY HILL CA	4.4 CITY - ST - ZIP	BEVERLY HILLS, CA 90211
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: DAVID I. SUNKIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-97

Date

(310)652-4880

Daytime Phone #

CR2E034 (9/96)