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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 438806

(2)

AMERICAN AUTO BODY INC.

**FILED** Apr 30 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address					T NODINI DIBOD VIIDI KOISK KEIKI OONA DIN OYAN SIDIN DIDIN DIDIN DIDIN JOHAN JADA						
1919 HWY 27 NORTH SEBRING FL 33870		,	1313 HWY 27 NORTH SEBRING FL 33870-1951								
							3. Date Incorp 10/25/19	oorated or Qualified		te of Last <b>)8/1996</b>	
	Place of Business	2a.	Mailing Address				4. FEI Numbe		<u></u>		Applied For
21 Pulso Ant	# ste	26	8 5			<del></del>	59-1493	772	·		Not Applicable
Sulte, Apt	. #, O(C.	27	Suite, Apt. #, etc.				5. Certificate	of Status Desired			Additionat Required
City & Stal	te		City & State				& Floation Co	mpaign Financing			i
23		28	•					Contribution			<b>0</b> May Be d to Fees
Zip	Country		Zip	Co	ountry	,	8. This corpor	ation has liability for it	ntangible		
24	25	29		30			Florida Stat	utes 💢	Yes [	No	
	9. Name and Address	s of Current Registe	ered Agent			r .,	10. Name and	Address of New Reg	istered #	gent	
	COLLUM (JAMES F.)				81	Name	`				
	S. COMMERCE AVE.				82	Street Ad	dress (P.O. Box Nur	nber is Not Acceptabl	e)		
SEB	RING FL 33870				83					·	
					03						
					84	City			FL	<b>85</b> 70	o Code
11. Pursuant	to the provisions of Section	ns 607 0502 and 603	7 1508 Florida Sta	futoe tho	above	anamed co	ragration submits th	ic clalamont for the p	<u> </u>		ite registere
office or i	to the provisions of Section registered agent, or both, in am familiar with, and accept	in the State of Florida	Such change wa	s authoriz	ed by	the corpor	ation's board of dire	ctors. I hereby accep	t the appo	changing ointmont a	as registered
<u>-</u>	arr rammar with, and accep	or the obligations of,	Section 607.0505,	r ionda St	atutes	S.					
SIGNATURE	Signature, typed or printed name of	f registered agent and tille if	applicable (N	IO1E: Register	rod Age	mi signature reg	jured when relies aling)		DATE		
12.	T	ICERS AND DIRECT	ORS	13				CHANGES TO OFFIC	ERS AND	DIRECTO	DRS IN 12
TITLE	P		DELETE	11	111LE					Change	Additio
NAME	KRYSCUK,ROY P.			1.2	NAME						
STREET ADDRESS	6125 WILSON TERRA	ICE		1.3	STREET	ADDRESS					
CITY-ST-ZIP	SEBRING FL		T recept		CHY-S	T-ZIP					
TITLE	KRYSCUK,CLARE		DELFTE		]:  LF					Change	: Addition
NAME CTOSST + DOOLOG	6125 WILSON TERRA	ne.			NAME						
STREET ADDRESS CITY-ST-ZIP	SEBRING FL	IVE		4		ADDRESS					
TITLE +	OCOTING TE				CITY - S	51 - 7(P			<del></del>	Change	Addition
NAME	KRYSCUK,ROY P.				NAME					опануе	
STREET ADDRESS	6125 WILSON TERRA	CE				ADDRESS					
CITY-ST-ZIP	SEBRING FL				CITY-S	i					
TITLE		70	DELETE		TITLE					Change	☐ Addition
NAME				4.2	NAME					3	
STREET ADDRESS				4.3	STHEET	ADDRESS					
CITY-ST-ZIP	·			441	CIIY-S	T - ZIP					
TITLE			☐ DELETE	51	TITLE					Change	Addition
NAME				5.2	NAME						
STREET ADDRESS				533	STREET	ADDRESS					
CITY-ST-ZIP				5.4 (	CITY-S	T-ZIP					
TITLE			☐ DELETE	1	lillé					Change	Addition
NAME				6.21	VAME						
STREET ADDRESS				6.3 \$	STREET	ADDRESS					
CITY-ST-ZIP				G.4 0	311Y - \$	T-ZIP					

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 eath; that I am an officer or director of the corporation or the receiver of 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 attactyrical with an address.