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

## **FILED PROFIT** Apr 22 1998 8:00am FLORIDA DE PARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 486128 (2) AAPEX BODY SHOP, INC. Principal Place of Business Mailing Address P.O. BOX 950 P.O. BOX 950 FORT LAUDERDALE FL 33302-0950 FORT LAUDERDALE FL 33302-0960 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1619138 Not Applicable Suite Ant #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CAMILLO, JOHN M. 1600 COMMERCIAL BLVD Street Address (P.O. Box Number is Not Acceptable) 82 FT. LAUDERDLAE FL 33309 83 85 Zip Code 11. Pursuant to the provisons 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition GADDIS, JESSE 1.2 NAME 517 N. FEDERAL HIGHWAY 1.3 STREET ADDRESS STREET ADORESS FT. LAUDERDALE FL CIBY - \$1 - ZIP 1.4 CITY-S1-7IP DELETE Addition 2.1 THEF TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CHY - \$1 - ZIP DITY-SI-ZIP Change DELETE Addition 3.1 TITLE 111LE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - \$1 - 70° 3.4. CITY-ST-7IP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST- 7IP 4.4 CITY-ST-7IP DELETE Change Addition 5 1 TITLE TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE €1 TITLE

14. Thereby 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 immust report or suppliemental armust 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 consultation right to receive 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 attention with an address.

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

Jesse P. Gaddis

3/23/98

(954)565-8900