

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 556723
1. Corporation Name

O'Berry's Body Shop, Inc.

700001841307
-05/28/96--01052--015
***200.00

Principal Place of Business: 602 Thomas Street, Kissimmee, FL 34741
Mailing Address: 602 Thomas Street, Kissimmee, FL 34741

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Sute, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 12-30-77
3a. Date of Last Report: 12-30-77
4. FEI Number: 59-1797039
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Harry J. Swart, CPA
717 E. Oak Street
Kissimmee, FL 34744

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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 officer 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

[Handwritten Signature]

4/22/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lois Sharpton	1.2 NAME	
STREET ADDRESS	602 Thomas Street	1.3 STREET ADDRESS	
CITY - ST - ZIP	Kissimmee, FL 34741	1.4 CITY - ST - ZIP	
TITLE	VP/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. Frank Sharpton	2.2 NAME	
STREET ADDRESS	602 Thomas Street	2.3 STREET ADDRESS	
CITY - ST - ZIP	Kissimmee, FL 34741	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Handwritten Signature: Lois Sharpton]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96
Date
807896-4225
Document #

CFR2034 (12/95)