

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

FILED  
Apr 09 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 # 689194 (9)  
1. Corporation Name  
ACCARDI'S COLLISION INC

Principal Place of Business 1901 NW 29TH ST OAKLAND PARK FL 33311	Mailing Address 1901 NW 29TH ST OAKLAND PARK FL 33311
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/25/1980

2. Principal Place of Business 21 8293 N.W. 70 STREET Suite, Apt. #, etc. 22	2a. Mailing Address 26 8293 N.W. 70 STREET Suite, Apt. #, etc. 27	4. FEI Number 59-2023871 Applied For Not Applicable
City & State 23 TAMARAC, FL Zip 24 33321 Country 25 U.S.A.	City & State 28 TAMARAC, FL Zip 29 33321 Country 30 U.S.A.	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ACCARDI, RICHARD  
1901 NW 29TH ST  
OAKLAND PARK FL

10. Name and Address of New Registered Agent

81 Name ACCARDI, RICHARD	82 Street Address (P.O. Box Number is Not Acceptable) 8293 N.W. 70 STREET	83
84 City TAMARAC, FL	85 Zip Code 33321	

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP PSD ACCARDI, RICHARD 1901 NW 29TH ST OAKLAND PARK FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP PSD ACCARDI, RICHARD 8293 N.W. 70 STREET TAMARAC - FL - 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 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: *Richard Accardi* RICHARD ACCARDI 4/3-98

AC

CR2E034 (10/97)