

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

**FILED**  
**Mar 10 1997 8:00am**  
**Secretary of State**



PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F16494 (9)**  
 1. Corporation Name  
**SECOND GENERATION AUTO BODY SHOP INC.**



Principal Place of Business      Mailing Address  
**4807 OAKS ROAD**                      **4807 OAKS ROAD**  
**FT LAUDERDALE FL 33314-2204**      **FT LAUDERDALE FL 33314-2204**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**01/28/1981**                                  **02/13/1996**

4. FEI Number      Applied For  
**59-2063214**                                  Not Applicable

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

2. Principal Place of Business      2a. Mailing Address

21      26

22      27

23      28

24      25      29      30

9. Name and Address of Current Registered Agent  
**TERMAN, JOSEPH**  
**908 SW 149 TERRACE**  
**SUNRISE FL 33326**

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

TITLE       DELETE

NAME      **PD**  
**TERMAN, JOSEPH**

STREET ADDRESS      **908 SW 149 TERR**

CITY-ST-ZIP      **SUNRISE FL**

TITLE       DELETE

NAME      **STD**  
**TERMAN, RAYMOND**

STREET ADDRESS      **5202 SW 122ND TERR.**

CITY-ST-ZIP      **COOPER CITY FL**

TITLE       DELETE

NAME      **V**  
**TERMAN, RAYMOND**

STREET ADDRESS      **5202 SW 122ND TERR.**

CITY-ST-ZIP      **COOPER CITY FL**

TITLE       DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE       Change       Addition

6.2 NAME

6.3 STREET ADDRESS

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, changed, or on an attachment with an address.

SIGNATURE:      *[Signature]*      **3/3/97**      **791-1290**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)