

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Morthon
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F37801** (0)

1. Corporation Name

BOB & ED'S AUTO TRIM AND BODY SHOP, INC.



Principal Place of Business

Mailing Address

**821 S.W. 67TH AVENUE
MIAMI FL 33144**

**821 S.W. 67TH AVENUE
MIAMI FL 33144**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LOHMAN, ROBERT C.
821 S.W. 67TH AVENUE
MIAMI FL 33144**

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 607.01(2) and 607.15(3), 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 607.06(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	[] DELETE
NAME	LOHMAN, ROBERT C	
STREET ADDRESS	3570 SW 123RD CT	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE	SD	[] DELETE
NAME	WARD, CHERI L.	
STREET ADDRESS	10250 MARTINIQUE DR	
CITY-STATE-ZIP	MIAMI, FL 0	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, true and correct, and that I am an officer or director of the corporation or the person 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 attached list with an address.

SIGNATURE: *Cheri L. Ward* Cheri L. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 (305) 261-5832
DATE OF FILING FEE

CR2E034 (12/95)