


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

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Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90021 004 ****150.00



PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F84490**

1. Corporation Name
M.S.D. AUTO BODY, INC.

Principal Place of Business: 2093 N E 160TH ST, NORTH MIAMI BCH FL 33162
 Mailing Address: 2093 N E 160TH ST, NORTH MIAMI BCH FL 33162

DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|--------------------------------|----|---------------------|----|---------------------|----|--------------|----|-------------|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 2. Principal Place of Business | | 2a. Mailing Address | | Suite, Apt. #, etc. | | City & State | | Zip Country | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | City & State | | City & State | | Zip Country | |
| City & State | | City & State | | City & State | | City & State | | Zip Country | |
| Zip Country | | Zip Country | | Zip Country | | Zip Country | | Zip Country | |

3. Date Incorporated or Qualified: **06/07/1982**

4. FEI Number: **59-2200894** Applied For: 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

MENACHEM, SHARONY
2093 NORTHEAST 160TH STREET
NORTH MIAMI BEACH 33160

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SHARONY, MENACHEM | |
| STREET ADDRESS | 2093 N.E. 160TH STREET | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | SHARONY, FREIDA | |
| STREET ADDRESS | 2093 N.E. 160TH STREET | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE: u.s. signature required DATE: 1/5/1999 DAYTIME PHONE #: (305)947-4778

CR2E034 (1/198)