


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

FILED

May 23 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 # F94000004262 (1)			
1. Corporation Name THE DENT WIZARD, INC.			
Principal Place of Business 6011 KIPPS COLONY DR., E. ST. PETERSBURG FL 33707 9 Gateway Dr Collinsville, FL 62234-6107		Mailing Address #8 GATEWAY DR. COLLINSVILLE IL 62234-6107	
2. Principal Place of Business 21 9 Gateway Dr.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State 23 Collinsville IL		27 City & State 28	
24 Zip 62234		25 Country USA	
29 Name and Address of Current Registered Agent FEARS, VICTOR 6011 KIPPS COLONY DR., E. ST PETERSBURG FL 33707		30 Name and Address of New Registered Agent 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FEARS, GARY 9 GATEWAY DR. COLLINSVILLE IL 62234	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PTO Victor Fears 6011 Kipps Colony Dr Gulfport, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD FEARS, VICTOR 6011 KIPPS COLONY DR., E. ST. PETERSBURG FL 33707	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD Fears, Gary 9 Gateway Dr. Collinsville IL 62234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RYDGIG, NANCY 4 FRONTENAC COLLINSVILLE IL 62234	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 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 if changed, or in an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0800310

CR2E034 (9/96)