

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H00564** (5)

1. Corporation Name

PREFERRED AUTO BODY, INC.



Principal Place of Business 1990-A NW 33RD CT POMPANO BCH. FL 33064-1317	Mailing Address 1990-A NW 33RD CT POMPANO BCH. FL 33064-1317
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1984		3a. Date of Last Report 08/15/1995	
21		26		4. FEI Number 59-2409747		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

**GUGLIOTTA, ANTHONY
1990 N.W. 33RD CT.
POMPANO BCH. FL 33060**

10. Name and Address of New Registered Agent

81 Name Richard H. Roth
82 Street Address (P.O. Box Number is Not Acceptable) 1500 E. Atlantic Blvd.
83
84 City Pompano Beach
85 Zip Code FL 33060

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 a registered agent under 607.0505, Florida Statutes.

SIGNATURE

Richard H. Roth

(NOTE: Registration Agent signature required when reinstating)

DATE

6-27-96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORDOVEZ, ROBERT			12 NAME	CORDOVEZ, ROBERT		
STREET ADDRESS	970 S.W. 83RD AVENUE			13 STREET ADDRESS	970 S.W. 83rd Ave.		
CITY-ST-ZIP	NORTH LAUDERDALE FL			14 CITY-ST-ZIP	North Lauderdale, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		21 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GUGLIOTTA, ANTHONY			22 NAME	WEBER, MICHAEL L.		
STREET ADDRESS	11753 N.W. 28TH COURT			23 STREET ADDRESS	300 S.W. 80th Terr.		
CITY-ST-ZIP	CORAL SPRINGS FL			24 CITY-ST-ZIP	North Lauderdale, FL		
TITLE	DST	<input checked="" type="checkbox"/> DELETE		31 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GUGLIOTTA, THOMAS			32 NAME	CORDOVEZ, ANGELA		
STREET ADDRESS	3774 UNIVERSITY DR			33 STREET ADDRESS	970 S.W. 83rd Ave.		
CITY-ST-ZIP	CORAL SPRINGS FL			34 CITY-ST-ZIP	North Lauderdale, FL		
TITLE		<input type="checkbox"/> DELETE		41 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				42 NAME	WEBER, FLOSSIE E.		
STREET ADDRESS				43 STREET ADDRESS	300 S.W. 80th Terr.		
CITY-ST-ZIP				44 CITY-ST-ZIP	North Lauderdale, FL		
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert D. Cordovez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-96

DATE

DAYCARE PHONE

CR2E034 (3/96)