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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

J31927

(3)

EXODUS AUTO BODY, INC.

777 PRO 1800 AVE / 1804 No. 1804 AAAA AAAA					
Principal Place of Business Mailing Address				A LONGSTON DING FILDS (COID SOLOR)	ANG SANGS AND SI MININI MININI NY NOT NI NI NI SINI FORT
2425 PEMBROKE ROAD HOLLYWOOD FL 33020-5863		2425 PEMBROKE ROAD HOLLYWOOD FL 33020-5863			
				3. Date incorporated or Qualified 09/05/1986	3a. Date of Last Report 03/16/1995
Principal Place of Business		2a. Maing Address 26		4. FEI Number 59-2716708	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for	Added to Fees intangible tax under s. 199.032.
14	25		30		□No
***************************************	g. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New F	legistered Agent
601 SO	IAN, CHARLES J. IUTH FEDERAL HIGHWAY NOOD FL 33020		82 Street A 83 84 City	oriress (P.O. Box Number is Not Acceptate	B5 Zip Code
11. Pursuant to or registered familiar with	the provisions of Sections 607,0502 d agent, or both, in the State of Flori , and accept the obligations of, Sect	2 and 607.1608, Florida Statutes da. Such change was authorized lion 607.0505, Florida Statutes.	, the above-named cord by the corporation's to	poration submits this statement for the pur loard of directors. I hereby accept the appli	pose of changing its registered office pintment as registered agent. I am
SIGNATURE S	Igrianure, typed or printed name of registryed agent	Showon NOTE	Flugistered Agont signature rea	What reinstaling which the	AFORE 1/91
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1 1 TITLE	N.C	Change Addition
NAME STREET ADDRESS	JOHANANOV, NEHEMIA 2425 PEMBROKE ROAD		1.2 NAME	Spristing 44	State of
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.3 STREET ADDRESS 1.4 CITY-SY-ZIP		33311
TITLE	THOUSEN COD TE COOSE	☐ DELETE	2. 1 TITLE	Flanicilla	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST- ZIP		
TITLE		DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	•	•	3.3. STREET ADDRESS		
CHY-ST-ZIP TILLE		☐ DELETE	3.4 CITY- S1- 7IP		F) Observe F) Addition
NAME		Dotte	4. 1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-S1-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 T/ILE		Change
NAME			5.2 NAME		<u> </u>
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZiP		<u> </u>	5 4 City-St-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY- ST-ZIP		
certify that ti	ne information indicated on this annual am an officer or director of the corpo Block 12 or Block 13 if changed, or c	ial report or supplemental annua ration or the receiver or trustee on an attachmen) with an addres	l report is tous and acco	y for the exemption stated in Section 119.0 urate and that my signature shall have the this report as required by Chapter 607, Fic	nama lagal affaet on if made under

4/21/96 923-3123

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR