## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J49525

(5)

DIRI AUTO BODY INC.

BODY INC.

Mailing Address

FILED Jul 30 1997 8:00am Secretary of State



Principal Place of Business				Mailing Address						1					*1611 818	** 100
1384 N.W. 65TH WAY PLANTATION FL 33313				1384 N.W. 65TH WAY PLANTATION FL 33313												
									DO NOT WRITE IN THIS SPACE							
									3. Date	3. Date Incorporated or Qualified 3a. Date of La			te of Las	st Report		
							12//	20/1986		04/	19/199	6	]			
2. Principal F		2a. Mailing Address					4. FEIN	lumber				Applie	d For			
21				26					59	-2752287				Not Ap	plicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.							icate of Status I	Desired			5 Addi Reguli	
City & State				City & State						6. Flecti	ion Campaign F	inancina			00 ма	
23					28						Fund Contributi	-			ed to Fi	
Zip	Country			Zip Cou			Country	7		8. This	corporation owe	s or has paid	d the curr	ent vear	Intandi	ible
24	25			29 30			ol			Personal Property Tax due June 30. Yes No						
	9. Name	and Address	of Current R	legistere	d Agent					10. Nam	e and Address	of New Reg	istered A	gent		
RIT	CHIE, ROD						81	ł	Name							
	- ONLOCAT	<del>-OIR-</del>					82	Ļ	Street Ad	ddress (P.O. Br	ov Mumber in Ma	at Accordable	· ·			
		LE FL 33326	}						82 Street Address (P.O. Box Number is Not Acceptable)							
2	Atus	Rd.				83										
·	) A	P	1 2	3	2 2 N		84	7	City					85 Z	p Code	<b>=</b>
						AT		L					<u>FL</u>			
office or r	io (ne provisi regi <b>ste</b> red ag	ons of Section ent, or both, in	s 607.0502 a the State of	na 607.1 Florida 3	Such chang	a Statutes, e was auth	the above norized by	e-n Zith	iamed co ne corpor	orporation subr eration's board o	nits this statement of directors. I he	ent for the pu ereby accent	irpose of the appo	changin; intment	g its reg as regi	gistered stered
agent. La	ırn f <b>am</b> illar wit	th, and accept	the obligatio	ns of, Se	ection 607.0	5 <b>05</b> , Florid	la Statutes	S.				,				
SIGNATURE																
12.	Signature, typed	or printed name of r	egistered agent ar CERS AND D			(NOTE: Re		ent s	signature req	quired when reinstate		250 055105	DATE	DIRECT	~~~	
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		SOAT-CIRCL	- 221	2 0	Adsu to	00	1.2 NAME									
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AIL 1. AIL 511							0.4 0111-51	1-61								

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 charged, or on an attachment with an address.