

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

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J60627** (3)
1. Corporation Name
IMPACT AUTO BODY, INC.

Principal Place of Business % TOM WILSON 1308 17TH ST. ORLANDO FL 32805	Mailing Address % TOM WILSON 1308 17TH ST. ORLANDO FL 32805
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/06/1987	
4. FEI Number 59-2776305	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year in ligible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

g. Name and Address of Current Registered Agent

**WILSON, TOM
1308 17TH ST.
ORLANDO FL 32805**

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

Tom Wilson

(NOTE: Registered Agent signature required when reinstating)

3/31/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PSD	WILSON, TOM	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3003 SURFSIDE WAY		1.3 STREET ADDRESS	
ORLANDO FL		1.4 CITY - ST - ZIP	
VT	STEYH, DEBORAH C.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3003 SURFSIDE WAY		2.1 TITLE	
ORLANDO FL		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE	
		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.

SIGNATURE:

Tom Wilson Tom Wilson

3/31/98

407-422-4949

CR2E034 (10/97)