## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

J80404 **DOCUMENT #** 1. Corporation Name

(3)

MASTER TOUCH AUTO BODY, INC.

Principal Place	of Business	Muiting Address				
1508 VISCAYA PARKWAY CAPE CORAL FL 33990		1508 VISCAYA PARKWAY CAPE CORAL FL 33990				
					3. Date Incorporated or Qualified 06/30/1987	3a. Date of Last Report 05/01/1995
2. Principal Pla 21	ace of Business	28. Mailing Address 26			4. FEI Number 59-2846021	Applied For Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	<u></u>	8. This corporation has liability for	or intangible tax under s. 199.032,
24	25	29	30			es No
	9. Name and Address of Currer	it Hegistered Agent	81	Name	10. Name and Address of New	r Registereo Agent
IOLINIOT	TON MATE O		"	Name:		
	ion, James C. Ste C2		82	Street Add	iress (P.O. Box Number is Not Accept	able;
	DLONIAL BLVD.		83			
FORT M	IYERS FL 33907		84	City	MINING CO. O PERSONNELLE PROPERTY AND REPORT OF THE PROPERTY O	FL 85 Zrp Code
or registere		ia. Such change was authori	zed by the con-		ration submits this statement for the para of directors. Thereby accept the ap	ourpose of changing its registered office oppointment as registered agent. I am
SIGNATURE			and the second of			
12.	Skynutive i typed or postes tina acceting private diages t OFFICERS AN		Mt. Republicat Ap.	r f Sighter are resigned		DATE FEICERS AND DIRECTORS IN 12
TITLE	P	[] DELÉTÉ	1 1 T TUE	· · · · · · · · · · · · · · · · · · ·	ABBITIONS OF PARAES TO C	Change Addition
NAME	MUCHMORE, JOSEPH E.		1.2 NAME			
STREET ADDRESS	1430 S.E. 15TH TERRACE			LADORESS		
CITY-ST-ZiP	CAPE CORAL FL		14617	i		
TI*LE	ST	[] DELETE	2 1 Title	31 211		Change Addition
NAME	MUCHMORE, CHARLOTTE L		2.2 NAME	]		
STREET ADDRESS	1430 S.E. 15TH TERRACE			T ADDRESS:		
CiTY-ST-ZiP	CAPE CORAL FL		24011-	1		
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NAMÉ		<del></del>	3.2 NAME			
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CITY - ST - ZIP			3 <b>4</b> CH Y -			
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NAME			5.2 NAME			
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CHTY - ST - ZIP			5.4 OLTY	\$1 - 7/2		
TITLE		DELETÉ	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				ADDRESS		
CITY - ST - ZIP			6.4 Ci TY -			

14. If do hereby certify that the information supplied with this fling 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 aneutal 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 trusted empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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