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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

(8)

CUSTOM COACH AUTO BODY, INC.

Apr 15 1998 8:00am Secretary of State

**FILED** 

Principal Place of Business Mailing Address 2216 NORTHWEST 48TH STREET POMPANO BEACH FL 33073 2216 NORTHWEST 48TH STREET POMPANO BEACH FL 33073

					DO NOT WRITE IN THIS	SPACE							
					3. Date Incorporated or Qualified								
					05/14/1990								
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For							
21		26	26		65-0200257	Not Applicable							
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			\$8.75 Additional							
22		27	27		5. Certificate of Status Desired	Fee Required							
City & State City & Sta			· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing	\$5.00 May Be							
23		28	28		Trust Fund Contribution	Added to Fees							
Zip	Country	Zip	Co	untry	8. This corporation owes or has paid the cu	rrent year Intangible							
24	25	29	30			☐ Yes ☐ No							
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	Agent							
ח	IMARCO, JOHN V.			81 Name									
1563 NW 85TH DRIVE CORAL SPRINGS FL 33071				82 Street Address (P.O. Box Number is Not Acceptable) 83									
											<u> </u>		
											84 City	FI	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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE													
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12							
TITLE	PD	☐ DELET	TE 1.1 1	ITLE		Change Addition							
NAME	DIMARCO, JOHN V.		1.21	IAME									
STREET ADDRESS	1563 NW 85TH DR		135	STREET ADDRESS									
CITY-ST-ZIP	CORAL SPRGS FL			CITY - ST - ZIP									
TITLE	STD	DELET		TITLE		Change Addition							
NAME	DIMARCO, PATRICIA F.		221	(AME									
STREET ADDRESS	1563 NW 85TH DR			STREET ADDRESS									
	CORAL SPRGS FL			CITY-ST-ZIP									
CITY-ST-ZIP TITLE	CONTRACTION IL	☐ DELE		TITLE		Change Addition							
			<b>■</b> *	AME									
NAME DEDICE ADDRESS													
STREET ADDRESS				STREET ADDRESS									
CITY - ST - ZIP		DELE		CITY-ST-ZIP		Change Addition							
TITLE		Vette		TITLE		C) Sharige C Another							
NAME				NAME									
STREET ADDRESS				STREET ADDRESS									
CITY-ST-ZIP		Песс		CITY-ST-ZIP		☐ Change ☐ Addition							
TITLE		☐ DELE	1	TITLE		The Theolige							
NAME	,			NAME									
STREET ADDRESS	~ *		5.3	STREET ADDRESS		!							
CITY-ST-ZIP				CITY-ST-ZIP									
TITLE		☐ DELET	TE 6.1	TITLE		Change  Addition							
NAME			6.2	NAME									
STREET ADDRESS			6.3	STREET ADDRESS									
CITY-ST-ZIP			6.41	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 any attachment with an address.

SIGNATURE: