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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L89580 (9)

1. Corporation Name
BILL USSERY MOTORS BODY SHOP, INC.



Principal Place of Business

2601 S BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133
US

Mailing Address

2601 S BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133-5413
US

3. Date Incorporated or Qualified
07/26/1990

3a. Date of Last Report
04/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0218594

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SCHWARTZ, BENJAMIN S
2801 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

Robert W. Brockway

82 Street Address (P.O. Box Number is Not Acceptable)

300 Almeria Avenue

83

84 City

Coral Gables

FL

85 Zip Code
33134

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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	DELETE
NAME	BROCKWAY, JOHN	
STREET ADDRESS	300 ALMERIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DEVP	DELETE
NAME	BROCKWAY, ROBERT C	
STREET ADDRESS	300 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DT	DELETE
NAME	BROCKWAY, PATRICIA	
STREET ADDRESS	300 ALMERIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	DELETE
NAME	BROCKWAY, BRENDA	
STREET ADDRESS	300 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	DELETE
NAME	BROCKWAY, BETH	
STREET ADDRESS	300 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)