

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

FILED

Feb 17 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 # **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
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1990

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 **300 Almeria Avenue**
Suite, Apt. #, etc.

2a. Mailing Address
26 **300 Almeria Avenue**
Suite, Apt. #, etc.

22 City & State
23 **Coral Gables, FL**

27 City & State
28 **Coral Gables, FL**

24 Zip **33134** Country **U.S.A.**

29 Zip **33134** Country **U.S.A.**

9. Name and Address of Current Registered Agent

**BROCKWAY, ROBERT W.
300 ALMERIA AVE
CORAL GABLES FL 33134**

ALMERIA

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

Signature, typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROCKWAY, JOHN	
STREET ADDRESS	300 ALMERIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	BROCKWAY, ROBERT W.	
STREET ADDRESS	300 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	BROCKWAY, PATRICIA	
STREET ADDRESS	300 ALMERIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROCKWAY, BRENDA	
STREET ADDRESS	300 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROCKWAY, BETH	
STREET ADDRESS	300 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEVP
2.3 STREET ADDRESS	BROCKWAY, ROBERT W.
2.4 CITY-ST-ZIP	300 ALMERIA AVENUE CORAL GABLES FL.

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	SERRATE, BETH
5.4 CITY-ST-ZIP	300 ALMERIA AVENUE CORAL GABLES FL.

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **ROBERT W. BROCKWAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-98 (305) 4458593

CR2E034 (10/97)