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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M09772
Corporation Name
HN WEAVER'S BODY REPAIR, INC.

Principal Place of Business
W. 8 ST.
TE FL 33063

Mailing Address
5601 N.W. 8 ST.
MARGATE FL 33063

Principal Place of Business
Apt. #, etc.
& State
Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

WEAVER, JOHN
5601 N.W. 8 ST.
MARGATE FL 33063

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I hereby accept the appointment as registered agent for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

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

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

PD
WEAVER, JOHN
8188 NW FIFTH ST.
CORAL SPRINGS FL

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13.
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Change Addition

Change Addition

Change Addition

Change Addition

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I 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 in 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN WEAVER

2/6/99 954972 3750

CR2E034 (11/98)