


2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company  
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT # M98000000933</b>  COLLISION TEAM OF FLORIDA, LLC 500 EAST OHIO STREET - 2ND FLOOR INDIANAPOLIS IN 46204		FILED 99 OCT -8 AM 10:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		1a. Principal Place of Business Address  500 EAST OHIO STREET - 2ND F INDIANAPOLIS IN 46204	
2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip		3. Date Organized or Qualified 08/25/1998 4. FEI Number 35-2054-408 5. Date of Last Report N/A	
3a. State of Formation DE <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input checked="" type="checkbox"/> <b>NO ACTION REQUIRED</b>	
7. Name and Address of Current Registered Agent  CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office Name Susan Larsh Street Address (P.O. Box Number is Not Acceptable) c/o Autocrafters International Suite, Apt. #, etc. 1340 Cassat Avenue City Jacksonville FL Zip Code 32205	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u><i>Susan Larsh</i></u> DATE <u>7-26-99</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MARTIN, KEVIN J	500 EAST OHIO STREET - 2ND	INDIANAPOLIS IN
			600003015536--4 -10/15/99--01024--012 ****597.50 ****597.50  <i>9/12/99</i>
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.  SIGNATURE: <u><i>Kevin J. Martin</i></u> Kevin J. Martin September 30, 1999 (317)630-5030 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			