SIGNATURE:

President

information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

10/31/2002

ATX1

Monroe Tire & Auto Service Center, Inc. 5170 US Highway 1, Unit B Key West FL 33040 (305) 294-2677

October 31, 2002

Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee FL 32302-1500

RE: P00000000599

To Whom It May Concern:

We recently filed for exemption from Workmen's Compensation Coverage and were denied due to the fact that our corporation had been administratively dissolved. Upon review of our status, we discovered that our mailing address had not been changed with our filing received in 2001, only our physical address and hence we did not receive the forms necessary to prompt us for payment.

We have been very conscientious about filing all our returns on time. We have also been made aware that due to this delay, our corporation may be accessed an additional \$400, which must have been caused by an internal data entry error within your department.

Based on these circumstances, we would appreciate receiving leniency on the assessment of the \$400 penalty. I have enclosed an updated report and the necessary \$150 filing fee with an additional \$8.75 for an updated certificate.

Thank you for your consideration. We can be reached at the number above if you should have further questions or concerns.

Sincerely,

Donnie J. Wilson

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