

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000010546 (8)

1. Corporation Name
RIKER'S DOWNTOWN AUTOMOTIVE REPAIR, INC.

Principal Place of Business
12174 WALKER POND RD
WINTER GARDEN FL 34787

Mailing Address
12174 WALKER POND RD
WINTER GARDEN FL 34787

APPROVED
AND
FILED
97 AUG -4 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13480 S. APOPKA VINELAND RD. Suite, Apt. #, etc.		2a. Mailing Address 26 5700 CENTRAL FLA. PKWY. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/04/1993		3a. Date of Last Report 04/29/1996	
22 City & State 23 ORLANDO, FLORIDA Zip 24 32821 Country 25 ORANGE		27 City & State 28 ORLANDO, FL Zip 29 32821 Country 30 ORANGE		4. FEI Number 59-3172059		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RIKER, BRENT 12174 WALKER POND RD WINTER GARDEN FL 34787				10. Name and Address of New Registered Agent 81 Name BRENT RIKER 82 Street Address (P.O. Box Number is Not Acceptable) 5700 CENTRAL FLA. PKWY. 83 84 City ORLANDO FL 85 Zip Code 32821			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 Brent Riker (NOTE: Registered Agent signature required when reinstating) DATE 7/30/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPST	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIKER, BRENT			1.2 NAME	BRENT RIKER		
STREET ADDRESS	12174 WALKER POND RD			1.3 STREET ADDRESS	5700 CENTRAL FLA. PKWY.		
CITY-ST-ZIP	WINTER GARDEN FL 34787			1.4 CITY-ST-ZIP	ORLANDO, FL 32821		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	E. BLAKE RIKER		
STREET ADDRESS				2.3 STREET ADDRESS	5700 CENTRAL FLA. PKWY.		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	ORLANDO, FL 32821		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 if changed or on an attachment with an address.

SIGNATURE:

Brent Riker

7/30/97 (407) 238-9800

CR2E034 (4/97)