

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

FILED
May 07 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 # P93000020917 (9)
 1. Corporation Name
TROPICAL AUTO BODY, INC.

Principal Place of Business 7140 NW 35 AVE. MIAMI FL 33147	Mailing Address 7140 NW 35 AVE. MIAMI FL 33147
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4100 NW 135 ST Suite, Apt. #, etc. 22 #6A City & State 23 OPA LOCKA, FL Zip 24 33054	2a. Mailing Address 26 4100 NW 135 ST. Suite, Apt. #, etc. 27 #6A City & State 28 OPA LOCKA, FL Zip 29 33054	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified
03/11/1993

4. FEI Number 59-3169780	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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

STONE, ORRETT
7140 NW 35 AVE.
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 4100 NW 135 ST	83 #6A	84 City OPA LOCKA	85 State FL	86 Zip Code 33054
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PST	<input type="checkbox"/> DELETE
NAME STONE, ORRETT	
STREET ADDRESS 7140 NW 35 AVE.	
CITY-ST-ZIP MIAMI FL 33147	
TITLE VP	<input type="checkbox"/> DELETE
NAME ORRETT STOWE,	
STREET ADDRESS 7140 NW 35 AVE.	
CITY-ST-ZIP MIAMI FL 33147	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 4100 NW 135 ST #6A	
1.4 CITY-ST-ZIP OPA LOCKA, FL 33054	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 4100 NW 135 ST #6A	
2.4 CITY-ST-ZIP OPA LOCKA, FL 33054	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 _____ DATE **11/29/98**

CR2E034 (10/97)