

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90026 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000020917**

1. Corporation Name:  
**TROPICAL AUTO BODY, INC.**



Principal Place of Business 4100 NW 135 ST #6A OPALOCKA FL 33054 US	Mailing Address 4100 NW 135 ST #6A OPALOCKA FL 33054 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4108 NW 135 ST</b>	2a. Mailing Address 26 <b>4108 NW 135 ST</b>
Suite, Apt. #, etc. 22 <b># 3</b>	Suite, Apt. #, etc. 27 <b># 3</b>
City & State 23 <b>Opalocka Fl.</b>	City & State 28 <b>Opalocka Fl.</b>
Zip Country 24 <b>33054</b> 25 <b>US</b>	Zip Country 29 <b>33054</b> 30 <b>US</b>

3. Date Incorporated or Qualified <b>03/11/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3169780</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STONE, ORRETT**  
 4100 NW 135 ST  
 #6A  
 OPALOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name <b>Stone, Orrett</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4108 NW 135 ST</b>
83 <b># 3</b>
84 City <b>Opalocka</b>
85 Zip Code <b>FL 33054</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, ORRETT</b>	1.2 NAME	
STREET ADDRESS	<b>4100 NW 135 ST #6A</b>	1.3 STREET ADDRESS	<b>4108 NW 135 ST #3</b>
CITY-ST-ZIP	<b>OPALOCKA FL 33054</b>	1.4 CITY-ST-ZIP	<b>Opalocka, Fl. 33054</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORRETT STOWE,</b>	2.2 NAME	
STREET ADDRESS	<b>4100 NW 135 ST #6A</b>	2.3 STREET ADDRESS	<b>4108 NW 135 ST #3</b>
CITY-ST-ZIP	<b>OPALOCKA FL 33054</b>	2.4 CITY-ST-ZIP	<b>Opalocka, Fl. 33054</b>
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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**ADDITIONAL SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-99**

Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)