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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

C. P. /	Name AUTO BODY INC.	0028774						
Principal Place of Business		Mailing Address			s indiana sin falen titti Abtti	88 111 88 210 89 111	8 11981 1881 1891)
6451 ULMERTON ROAD		6451 ULMERTO	N ROAD					
UNIT#K	14641	UNIT#K LARGO FL 346	41					
LARGO FL 34641 US		US	41		3. Date Incorporated or Qualified			
2. Principal Place of Business		2a. Mailing Addre	a. Mailing Address		4. FEI Number 59-3176057		Applied For Not Applicable	
Suite Apt. ৷	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired		•	Additional Required
2 2 2 City & State		City & State	City & State		6. Election Campaign Financing	9		0 May Be
3		28			Trust Fund Contribution			d to Fees
Zip 4	Country 25	Zip 29	30	intry	8. This corporation has liability Florida Statutes	for intangible Yes No		199.032,
	9. Name and Address of Curren	nt Registered Agent		81 Name	10. Name and Address of Ne	w Registere	d Agent	
MORAIS	S. 7FLIA				666			
Morais, Zelia 1959 Barrington Drive N Clearwater Fl 34623			82 S 83		dress (P.O. Box Number is Not Accep	ptable)		
								· · · · · · · · · · · · · · · · · · ·
				84 City		F	. 85 Zij	p Code
or register	to the provisions of Sections 607.0502 ed agent, or both, in the State of Floric	and 607.1508, Florida	Statutes, the abo	JL ove-named corpo	oration submits this statement for the	numose of o	changing its r	registered office
SIGNATURE		ion 607.0505, Florida S	authorized by the o Statutes.	corporation's boa	ard of directors. I hereby accept the a	appointment	as registered	ragent, ram
SIGNATURE	Signature typed or printed name of registered agent	ion 607.0505, Florida 5	Statutes. (NOTE: Registered	corporation's boa	red whom reinstaking	DATE		
SIGNATURE .		ion 607.0505, Florida 5	Statutes. (NOTE: Registered	d Agent signature requi		DATE		
SIGNATURE	Signature: typed or printed name of registered agent OF FICERS AND	ion 607.0505, Florida S and the flapplicable. DIDIRECTORS	Statutes. (NOTE: Registered	d Agent signaturo requi	red whom reinstaking	DATE	ND DIRECTO	PRS IN 12
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ri inocated on tris annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under of diractor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name lock if it is changed, or on a attachment with an address.

The more of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name lock is it is a statute of the corporation oath; that I am an officer of dire appears in Block 12 or Block 1

SIGNATURE: ___