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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

CITY - ST- ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000081397 (0)

LIKE-NU AUTO BODY & REFINISHING CENTER, INC.

Principal Place of Business Mailing Address 1405 US HIGHWAY 27 NORTH 1405 US HIGHWAY 27 NORTH SEBRING FL 33870-1953 SEBRING FL 33870 3. Date Incorporated or Qualified 3a. Date of Last Report 11/29/1993 07/01/1996 4. Ef I Number 2. Principal Place of Business 2a. Mailing Address Applied For <del>59 32 12689</del> Not Applicable 21 Suite, Apt. #, etc. Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zin 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yos ☐ No 24 25 29 30 Etorida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMERILAYWER, CHARTERED 343 ALMERIA AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 64 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 Signature, typed or printed name of regeliered agent are title if apply able (NOTE: Bod stored Agray Signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DETETE 111IIH TITLE ROSADO, JUAN T 1.2 NAMI NAME **1405 US HWY 27 NORTH** 1.3 STREET ADORESS STREET ADDRESS SEBRING FL 33870 CITY-ST-ZIP 1.4 CHY-SI-ZIF Addition DELETE Change TITLE VSD 2.1 TOLE ROSAD, MAGDA I NAME 2.2 NAME 1405 US HWY 27 NORTH STREET ADDRESS 2.3 STREET ADDRESS SEBRING FL 33870 CITY-ST-ZIP 2 4 City - \$1 - ZiP TI DELETE Change Addition 3.1 1/11 £ TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CHY-S1-ZIF Addition DELETE Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CIFY - ST - 7IP CITY-ST-ZIP Addition DELETE Change TITLE 5 1 1HUE 5.2 NAMI NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 6.1 UILE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 eath; 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.

**FILED** May 07 1997 8:00am Secretary of State

4/2/kg (QU)314-1170

