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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIÐA 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

FILED
98 MAY - 1 PM 3: 44
OF CAR FARY OF STATE

DECKL PARY OF STATE TALLAHASSEE, FLORIDA



1405 US HIGHWAY 27 NORTH SEBRING FL 33870		1405 US HIGHWAY 27 NORTH SEBRING FL 33870				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
2. Principal Pla	ace of Business	2a. Mailing Address				11/29/1993 4. FEI Number	Applied For	
21		26				65-0695320	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional	
22		27				5. Certificate of Status Desired	Fee Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z ip 24	Country 25	7 p		Country 30			Yes No	
	9. Name and Address of Curren	t Hegistered Age	ent	81	Name	10. Name and Address of New Registered	Agent	
AMERILAYWER, CHARTERED				82	Tallo			
	ALMERIA AVENUE				Street Add	ress (P.O. Box Number is Not Acceptable)		
COI	RAL GABLES FL 33134			83				
				-				
				84	City	FL	85 Zip Code	
office or re	o the provisions of Sections 607,0502 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such o	change was a	authorized bi	the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered ointment as registered	
OIGHATURE .	Signature, typod or printed name of registered ager		(NOT	E: Registered Ag	ent signature requ	uired when reinslating) DATE		
12.	OFFICERS AND		Televisian	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PTD	L	DELETE	1.1 TITLE			Change Addition	
NAME CYCCET ADODGES	ROSADO, JUAN T			12 NAME	ADDOLGO	900002515	4395	
STREET ADDRESS	1405 US HWY 27 NORTH			1.3 STREET		900002515 -05/07/980 ****150.00	1076002	
CITY-ST-ZIP TITLE	SEBRING FL 33870 VSD	Т	DELETE	1.4 C/TY - 5	1 - ZIP	****150.00	1448#150a00	
NAME	ROSAD, MAGDA I		_ 0.11.10	2.1 HILK 2.2 NAME	-		- oversign - variable	
STREET ADDRESS	1405 US HWY 27 NORTH			2.3 STREET	ADDRESS			
CITY-ST-ZIP	SEBRING FL 33870			2.4 CITY-				
TITLE	ARRIMIA IN AAAIA		DELETE	3.1 TITLE			Change Addition	
NAME				3.2 NAME	ļ			
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-	51 - ZIP			
TITLE			DELETE	4.1 TITLE			Change Addition	
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - 5	T-ZIP			
TITLE		L	DELETÉ	5 1 TITLE	ĺ		Change Addition	
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	1		,	
CITY-ST-ZIP			Therese	5.4 CITY - 5	T - ZIP		() () () () () () () () () ()	
TITLE		L] DELETE	6.1 TITLE			Change Addition	
NAME				6.2 NAME			MUJI DA	
STREET ADDRESS				6.3 STREET			5/1/0	
CITY-ST-ZIP				6.4 CITY-S	T-ZIP		<u> </u>	

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 13 if changed, or on an attachment with an address.

SIGNATURE A OFF

Just T. Rosado

4/2/2

(9W)314-0170