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Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000033364 (8)

1. Corporation Name
FENDER MENDER COLLISION CENTER INC.

Principal Place of Business
5525 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

Mailing Address
5525 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207-7940



3. Date Incorporated or Qualified
05/03/1994
3a. Date of Last Report
05/23/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3240499		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent

JEAN-PIERRE, MICHEL L
5525 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

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 of officer or director of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JEAN-PIERRE, MICHEL L 2051 CAPISTRANO DR JACKSONVILLE FL 32224	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Heebert A. Timmons Jr. Vice President 144 A S. Acline St. Lake City, SC 29560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORRERO, CECILIO 1711 GESNER RD, APT B3 HOUSTON TX	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SECRETARY MICHEL JEAN-PIERRE 2051 CAPISTRANO DR JACKSONVILLE FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer JEAN-PIERRE, ANNAIDA 2051 CAPISTRANO DR JACKSONVILLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PRESIDENT CARLOS S. HUESCA 4025 Colonel Vanderhorst MONTPLAISANT, S.C 29560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer ANNIDA JEAN-PIERRE 2051 CAPISTRANO DR JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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 its 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, as required, or on an attachment with an address.

SIGNATURE:

Michel Jean-Pierre Michel Jean-Pierre 3/8/97 904.636-0888
Date Daytime Phone #

CR2E034 (9/96)