

REGISTRATION FEE AFTER JAN 1 IS \$666.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 940000 33364
1. Corporation Name

Principal Place of Business FENDER MENDER Collision Center 5525 Phillips Highway Jacksonville, FL 32207	Mailing Address FENDER MENDER Collision Center 5525 Phillips Highway Jacksonville, FL 32207
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2. Principal Place of Business 21 5525 Phillips HWY Suite, Apt #, etc 22 City & State 23 Jacksonville, Fla Zip 24 32207	2a. Mailing Address 26 same Suite, Apt #, etc 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 4/3/94	3a. Date of Last Report 3/97
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4. FEI Number 59-3240499	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
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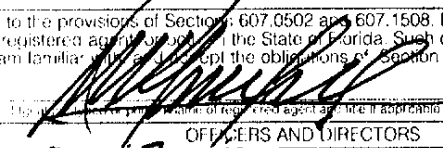
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Michel L. Jean-Pierre
2051 Capistrano DR
JACKSONVILLE, FLA 32224**

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

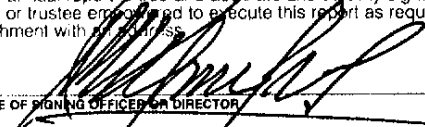
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	Michel L. Jean-Pierre
STREET ADDRESS	2051 Capistrano DR
CITY-ST-ZIP	JACKSONVILLE, FLA 32224
TITLE	☐ DELETE
NAME	Vice President
STREET ADDRESS	Herbert Timmons Jr
CITY-ST-ZIP	144A S Main St
TITLE	☐ DELETE
NAME	President
STREET ADDRESS	Shay C. Huesca
CITY-ST-ZIP	4025 Colonel Vanderhorst
TITLE	☐ DELETE
NAME	Mani Plaisant, S.C.
STREET ADDRESS	29464
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☒ Change ☐ Addition
12 NAME	President
13 STREET ADDRESS	Michel Jean-Pierre
14 CITY-ST-ZIP	2051 Capistrano DR
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	Treasurer
33 STREET ADDRESS	Shay C. Huesca
34 CITY-ST-ZIP	4025 Colonel Vanderhorst
41 TITLE	☐ Change ☒ Addition
42 NAME	Secretary
43 STREET ADDRESS	Mani Plaisant, S.C.
44 CITY-ST-ZIP	29464
51 TITLE	☐ Change ☒ Addition
52 NAME	Annida R. Jean-Pierre
53 STREET ADDRESS	2051 Capistrano DR
54 CITY-ST-ZIP	JACKSONVILLE, FLA 32224
61 TITLE	☐ Change ☐ Addition
62 NAME	400002164474
63 STREET ADDRESS	-05/02/97--01117--068
64 CITY-ST-ZIP	***65.00

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 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 my address.

SIGNATURE:  3/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)