FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000058058 (6)**

1. Corporation Name

ACTION AUTO AIR & BODY, INC.

Principal Place of Business	Mailing Address
12160 WILES ROAD CORAL SPRINGS FL 33076 US	12160 WILES ROAD CORAL SPRINGS FL 33076 US

3. Date Incorporated or Qualified: **08/04/1994**
3a. Date of Last Report: **03/22/1995**

21	2. Principal Place of Business: 12180 WILES Rd	26	2a. Mailing Address: 12180 WILES Rd
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: CORAL SPRINGS	28	City & State: CORAL SPRINGS FL
24	Zip: 33076	29	Zip: 33076
25	County: Broward	30	County: Broward

4. FEI Number: **65-0513662** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SILVESTRI, JOHN
12160 WILES ROAD
CORAL SPRINGS FL 33076

12180 WILES Rd

10. Name and Address of New Registered Agent

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: _____ DATE: _____
Signature, type or print name of registered agent (Must be Registered Agent) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	OVP	☐ DELETE	11 TITLE	V.P. PIASTA, David Typo	☐ Change ☐ Addition
NAME	PIASTA, DAVID		12 NAME		
STREET ADDRESS	12160 WILES RD		13 STREET ADDRESS	12180 WILES Rd	
CITY-ST-ZIP	CORAL SPRINGS FL		14 CITY-ST-ZIP		
TITLE	OS	☐ DELETE	21 TITLE	SECRETARY Typo	☐ Change ☐ Addition
NAME	SILBESTRI, JOHN J		22 NAME	SILVESTRI, JOHN	
STREET ADDRESS	2920 SJPRINGDALE CIRCLE		23 STREET ADDRESS	2920 SPRINGDALE CIRCLE	
CITY-ST-ZIP	NAPERVILLE IL		24 CITY-ST-ZIP	NAPERVILLE, IL 60564	
TITLE	OT	☐ DELETE	31 TITLE	TREASURER	☐ Change ☐ Addition
NAME	SILVESTRI, BENITA		32 NAME	SILVESTRI, BENITA	
STREET ADDRESS	12160 WILES ROAD		33 STREET ADDRESS	12180 WILES Rd.	
CITY-ST-ZIP	CORAL SPRINGS FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the filing that I applied with this filing is voluntarily furnished and 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 added above or on an attachment with an address.

SIGNATURE: _____ JOHN SILVESTRI Pres 4/21/96
* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

954-755 2255