

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 02 1997 8:00am
Secretary of State

DOCUMENT # P94000058058 (6)

1. Corporation Name
ACTION AUTO AIR & BODY, INC.

Principal Place of Business
12180 WILES ROAD
CORAL SPRINGS FL 33076
US

Mailing Address
12180 WILES ROAD
CORAL SPRINGS FL 33076-2200
US



3. Date Incorporated or Qualified 08/04/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0513662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

SILVESTRI, JOHN
12180 WILES ROAD
CORAL SPRINGS FL 33076

12180

10. Name and Address of New Registered Agent

81 Name JOHN SILVESTRI	85 Zip Code 33076
82 Street Address (P.O. Box Number is Not Acceptable) 12180 WILES ROAD	
83	
84 City CORAL SPRINGS	FL

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: JOHN SILVESTRI (Same as 96)

Signature typed or printed name 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	V PIASTA, DAVID 12180 WILES ROAD CORAL SPRINGS FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SILBESTRI, JOHN J 2720 SPRINGDALE CIRCLE NAPERVILLE IL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	SILVESTRI, JOHN J 2720 SPRINGDALE CIRCLE NAPERVILLE IL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SPELLING
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SILVESTRI, BENITA 12180 WILES ROAD CORAL SPRINGS FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SILVESTRI, BENITA BOX 1339 WESTLIFFE, CO81052 NA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 appointment with an address.

SIGNATURE: [Signature] JOHN SILVESTRI 4/10/97 455-2255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)