

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra D. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087452 (6)

1. Corporation Name

AUTO BODY CONCEPTS, INC.

Principal Place of Business

18 STONESTHROW WAY
SARASOTA FL 34223

Mailing Address

18 STONESTHROW WAY
SARASOTA FL 34223



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/01/1994

3a. Date of Last Report

03/30/1995

4. FCI Number

65-0571875

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BROWNING, ROBERT W JR
1800 2ND ST.
SUITE 755
SARASOTA FL 34236

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 607.0302 and 607.1004, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0304, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report

Signature of the person authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
LAHIFF, LAWRENCE C
18 STONESTHROW WAY
ENGLEWOOD FL

DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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4. TITLE
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7. TITLE
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STREET ADDRESS
CITY-STATE-ZIP

DELETE

8. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
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92. CITY-STATE-ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

Lawrence C. Lahiff

LAWRENCE C. LAHIFF

4-16-96

941-474-7183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

FILE

CR2E034 (12/95)