

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 07 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000089992 (9)
1. Corporation Name
GRUMBACH'S BODY SHOP, INC.



Principal Place of Business: **800 NORTH 8TH STREET SUITE 2 LANTANA FL 33462 US**
Mailing Address: **1406 HILLCREST DR LAKE WORTH FL 33461**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **12/13/1994**
4. FET Number: **65-0543324**
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**GRUMBACH, BARBARA
1406 HILLCREST DR
LAKE WORTH FL 33461**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0592 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]* DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GRUMBACH, BARBARA | |
| STREET ADDRESS | 1406 HILLCREST DR | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | GRUMBACH, RALPH F JR | |
| STREET ADDRESS | 1406 HILLCREST DR | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | CHERYL STEVENS | |
| 2.3 STREET ADDRESS | 7756 WOODSMUIR DR | |
| 2.4 CITY-ST-ZIP | WEST PALM BEACH FL 33412 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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 an address.

SIGNATURE: *Barbara Grumbach* BARBARA GRUMBACH PROS
561 588 8108

CR2E034 (10/97)