SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Aug 16 1996 8:00 am
Secretary of State

DOCUMENT # **P95000040216 (0)**

1. Corporation Name
ASSOCIATED AUTO BODY, INC.

Principal Place of Business	Mailing Address
~~200 EAST BROWARD BLVD.~~ ~~15TH FLOOR~~ ~~FT. LAUDERDALE FL 33301~~	~~200 EAST BROWARD BLVD.~~ ~~15TH FLOOR~~ ~~FT. LAUDERDALE FL 33301~~

3. Date Incorporated or Qualified: 05/22/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 819 S. DEERFIELD AVE.
22: Suite, Apt. #, etc
23: City & State: DEERFIELD BCH, FL
24: Zip: 33441
25: Country:

2a. Mailing Address
26: 819 S. DEERFIELD AVE.
27: Suite, Apt. #, etc
28: City & State: DEERFIELD BCH, FL
29: Zip: 33441
30: Country:

4. FEI Number: 65-0587501 ☐ 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

~~SEMAAN, NAJI~~
~~% MARK K. SOMERSTEIN~~
~~200 EAST BROWARD BLVD. 15TH FLOOR~~
~~FT. LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent

81 Name: LOUIS AGRO
82 Street Address (P.O. Box Number is Not Acceptable): 819 S. DEERFIELD AVE.
83:
84 City: DEERFIELD BEACH FL 85 Zip Code: 33441

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: Louis Agro
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	11 TITLE	President	☒ Change ☐ Addition
NAME	LOUIS AGRO		12 NAME		
STREET ADDRESS	819 S. DEERFIELD AVE.		13 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH, FL 33441		14 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	DALE SITELMANBARGER		22 NAME		
STREET ADDRESS	819 S. DEERFIELD AVE.		23 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH, FL 33441		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			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		

BANK 225.00

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louis Agro 8/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #