

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 # P95000097062 (0)

1. Corporation Name

CLEARWATER COLLISION CENTER, INC.



Principal Place of Business

2300 DREW STREET
CLEARWATER FL 34625

Mailing Address

2300 DREW STREET
CLEARWATER FL 34625

3. Date Incorporated or Qualified

12/18/1995

3a. Date of Last Report

—

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCABE, TIMOTHY
2300 DREW STREET
CLEARWATER FL 34625

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

Signature, typed or printed name of registered agent, and, if applicable,

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCABE, TIMOTHY	
STREET ADDRESS	2300 DREW STREET	
CITY-STATE-ZIP	CLEARWATER FL 34625	
TITLE		<input type="checkbox"/> DELETE
NAME	Micheal Cohen	
STREET ADDRESS	49 Rolling Hill Lane	
CITY-STATE-ZIP	Old Westbury, New York 11568	
TITLE		<input type="checkbox"/> DELETE
NAME	Scott Fink	
STREET ADDRESS	1781 McCawley Rd	
CITY-STATE-ZIP	Clearwater, FL 34625	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	U.P. Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	Sec/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Micheal Cohen	
2.3 STREET ADDRESS	49 Rolling Hill Lane	
2.4 CITY-STATE-ZIP	Old Westbury, New York, 11568	
3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Scott Fink	
3.3 STREET ADDRESS	1781 McCawley Rd	
3.4 CITY-STATE-ZIP	Clearwater, FL 34625	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim McCabe

3/20

813-797-6835

CR2E034 (12/95)