

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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000006863 (0)
1. Corporation Name
EXPERT AUTO BODY, INC.

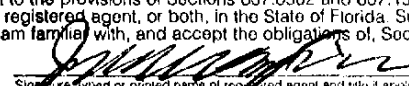


Principal Place of Business 704 GENERAL HUTCHINSON PARKWAY UNIT 100 LONGWOOD FL 32780	Mailing Address 704 GENERAL HUTCHINSON PARKWAY UNIT 100 LONGWOOD FL 32780-3731
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1996	3a. Date of Last Report
21		26		4. FEI Number 593357265	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FAUSEL, GEORGE A 251 MAITLAND AVENUE SUITE 208 ALTAMONTE SPRINGS FL 32701				10. Name and Address of New Registered Agent			
81	Name Jack O'Quinn			82	Street Address (P.O. Box Number is Not Acceptable) 704 General Hutchinson Parkway		
83	City Longwood,			84	Zip Code FL 32750-3731		

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:  (NOTE: Registered Agent signature required when reinstating) DATE: 5-22-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE	P D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				1.2 NAME	Jack O'Quinn		
STREET ADDRESS				1.3 STREET ADDRESS	704 General Hutchinson Parkway-Unit 100		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	Longwood, FL 32750-3731	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Keith O'Quinn		
STREET ADDRESS				3.3 STREET ADDRESS	1533 Keeling Drive		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Deltona, FL 32738	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Bryant O'Quinn		
STREET ADDRESS				5.3 STREET ADDRESS	457 Sun Lake Circle		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Lake Mary, FL 32746	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 an attachment with my address.

SIGNATURE:  DATE: 4-7-97 407 834-7886

CR2E034 (9/96)