

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

FILED
Mar 17 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 # P96000009422 (2)

1. Corporation Name
AUTOCENTER COLLISION OF THE PALM BEACHES, INC.



Principal Place of Business 5900 GEORGIA AVENUE W. PALM BEACH FL 33405	Mailing Address 5900 GEORGIA AVENUE W. PALM BEACH FL 33405-3716
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3. Date Incorporated or Qualified 01/30/1996	3a. Date of Last Report
4. FEI Number 65-0639671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5900 GEORGIA AVE Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent
HAGOORT, NICHOLAS H JR.
1901 S. CONGRESS AVENUE
SUITE 380
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent	
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT - P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	DASILVA MANUEL
STREET ADDRESS		1.3 STREET ADDRESS	5948 ITHACA CIR. W.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LAKE WORTH, FLA 33463
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V.P. - V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	HAYDEN, RONALD
STREET ADDRESS		2.3 STREET ADDRESS	2469 SUNUPHANE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LANTANA, FLA. 33462
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SEC-TRES - T.S. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	MILLER, HARRY
STREET ADDRESS		3.3 STREET ADDRESS	104 W. OCEAN DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOYNTON BEACH, FLA 33426
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address.

SIGNATURE:  MARCH 11, 1997 (561) 535464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)