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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000011840

MICHAEL'S COLLISION CENTER, INC.

| ncipal Place of Business | Mailing Address |
|--------------------------|------------------------|
| 014 OLD TAVARES ROAD | 2014 OLD TAVARES ROAD |
| EESBURG FL 34748-9322 | LEESBURG FL 34748-9322 |

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90019 016 ***150.00



DO NOT WRITE IN THIS SPACE

| Suite, Apt. #, etc. | | | | | | | 3. Date Incorporated or Qualifed | | |
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| Zip | City & State City & State | | | | | | , | | |
| BRUNER, MICHAEL H 2014 OLD TAVARES ROAD LEESBURG FL 34748-9322 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 agent. I am analizar with, and accept the obligation of, Section 607 0505, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am analizar with, and accept the obligation of, Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 15. PRUNER, MICHAEL H 12. NAME 15. PRUNER, MICHAEL H 12. NAME 15. PRUNER, MICHAEL H 12. NAME 1792S STATE ROAD 44 11. SINEET ADDRESS 11. TITLE 1701 DELETE 1711 DELETE 1711 DELETE 1711 DELETE 1712 DELETE 1714 DELETE 1715 DELETE 1716 DELETE 1716 DELETE 1717 DELETE 1717 DELETE 1718 | Zip | | | | ry | | | | |
| BRUNER, MICHAEL H 2014 OLD TAVARES ROAD LESSBURG FL 34748-9322 Street Address (P.O. Box Number is Not Acceptable) | 24 | | | | | 10. Name and Address of New Registered Agent | | | |
| 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 office or registered agent, and accept the obligations of, Section 607.0502 and 607.1508, Florida Statutes. SIGNATURE Signature, type or preset name of registered agent agent to require depart agent to require depart agent to require depart agent to require depart agent to require required when initiating) 12. | BRUNER, MICHAEL H 2014 OLD TAVARES ROAD | | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| The 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, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. | LEEC | 300nd FL 34/40-9322 | | l° | 13 | | • | | |
| office or registered agent, or both, in the State of Flonds. Such change was authorized by the corporation's board of directors. Interest appointment as registered agent, or both, in the State of Flonds. Such change was authorized by the corporation's board of directors. Interest agent and after it applicable. SIGNATURE | | | | 8 | 14 | City | FL 85 Zip Code | | |
| 12 | office or re agent. I ar | egistered agent, or both, in the State | e of Florida. Such change was aut ations of, Section 607.0505, Florid | norized t la Statuti | es. | ie corporati | ion's board of directors. I hereby accept the appointment as registered | | |
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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 changes or on an attachment with all other like empowered.

SIGNATURE: