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

**PROFIT** CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 26 1997 8:00am

Secretary of State

(96/6) (96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P96000015687 (2)

COLLISION CONSULTANT CONNECTION, INC.

Principal Place of Business Mailing Address 10889 NORTHWEST 46TH DRIVE 10888 NORTHWEST 467H-DRIVE CORAL SPRINGS FL 33076 -11307 COTAL SPRINGS FL-22076-2130 aZci 3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1996 2. Principal Pface of Business Applied For 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation has liability for intengible tax under s. 199.032, **私**ヹ゚゙゙゙゙゙ヹ゚゚ 24 330 M· 11 50 25 Florida Statutes Yes 🔲 No Name and Address of Current Registered Age 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 349 ALMERIA AVENUE CORAL GABLES FL 89134 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authoriz
agent. Lam familiar with, and accept the unifortions of, Section 607.0505, Florida St we-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered LONARD of the Lappropable ime of registered age gand the 1 approxis OFFICERS AND DIRECTORS 12 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TILE 11 PD Change Addition CAGGIANO, LENARO H. NAME 10889 NORTHWEST 48TH DRIVE STREET ADORESS EET ADDRESS CORAL SPRINGS FL 33076ーンノる〇 CITY: \$1-ZI DELETE 2.1 THE NAME CAGGIANO, LINDAIN 10889 NORTHWEST 48TH DRIVE 2.3 STREET ADDRESS EET ADDRESS CORAL SPRINGS FL 33076~ 2130 CIFYES - SY - 71P DELETE TITLE 3.1 NAM: 3.2 3.3 STREET ADDRESS ET ADDRESS C:TY - ST - ZIP ST-ZIP DELETE TIFLE Change ■ Addition NAME 5THEET ADDRESS T ADDRESS CITY-SI-ZiP SY - 71P DELETE BRG Change Addition NAME T ADDRESS STREET ADDRESS C-Tr - \$1 - 2IP ST-ZIP DELETE Tillué Change Addition STHEET ACIDRESS T ADDRESS ST-ZIP Too hereby cert'y that the information supplied with this filing does not qualify for themption 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 curate 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 frustee empowered to cute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certly that the information supplied with this filing does not qualify for the