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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000043511 (0)

MAGNA AUTO BODY, INC.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 8601 U.S. HIGHWAY 301 SOUTH 6601 U.S. HIGHWAY 301 SOUTH **RIVERVIEW FL 33569-4336** RIVERVIEW FL 33569 3. Date Incorporated or Qualified 3a. Date of Last Report 05/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59*-33*768 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SORENSEN, JOHN P 1023 EAST MOHAWK AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33804** 83 84 City Zip Code 85 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, lyped or printed name of registered agent and title if applicable. (NOTE: Rog stered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 33564 CITY-ST-ZIP 1.4 City - ST - ZIP DELETE Change Addition TITLE 2 1 1ITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 THLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4 P NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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 Spanood, or one an effective medium and other products. appears in Block 12 or Block 13 if changed,

6 3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

\_\_\_ Change

Addition

FILED

May 13 1997 8:00am

Secretary of State