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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048705 (3)

1. Corporation Name

TOP STOP AUTO BODY & PAINT, INC.



Principal Place of Business

1251 N. DIXIE HIGHWAY
#4
POMPANO BEACH FL 33061

Mailing Address

1251 N. DIXIE HIGHWAY
#4
POMPANO BEACH FL 33060-5469

3. Date Incorporated or Qualified

06/07/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

DEOLIVEIRA, ANTONIO
1251 N. DIXIE HIGHWAY
#4
POMPANO BEACH FL 33061

10. Name and Address of New Registered Agent

81 Name

Antonio Fernandes Neto

82 Street Address (P.O. Box Number is Not Acceptable)

1251 N. DIXIE HWY

83

#4

84

City Pompano Beach

FL

85

Zip Code 33061

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

Antonio Fernandes Neto

1-23-97

Signature typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEOLIVEIRA, ANTONIO	
STREET ADDRESS	1251 N. DIXIE HIGHWAY #4	
CITY-ST-ZIP	POMPANO BEACH FL 33061	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	COELHO, LAZAR	
STREET ADDRESS	1251 N. DIXIE HIGHWAY #4	
CITY-ST-ZIP	POMPANO BEACH FL 33061	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, SECY. TREAS. DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Antonio Fernandes Neto	
1.3 STREET ADDRESS	1251 N. DIXIE HWY #4	
1.4 CITY-ST-ZIP	POMPANO BEACH FL 33061	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Antonio Fernandes Neto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97

Date

(954) 781-7970

Daytime Phone #

0: 43763

CR2E034 (9/96)