SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

APPROVED AND FILED
AUG 27 PH 4: 00
RETARY OF STATE AHASSEE, FLORIDA

1997

, , , , ,	1997		TIME .	Secreta DIVISIÓN OF (or Stat CORPOR		NS	SECRETARY OF STATE		
DOCUMENT # P9600064853 (0) TURN 4 COLLISION, INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Pla	ce of Busines	.s.	Mailin	g Address				r continer cut meine Bank deint aucht abhit deint dittit einet ibent blite		
.422 LAUREL ROAD. 122 LAUREL ROAD										
-HOLLYWOO!				1WOOD FL 33021				DO NOT WORTH IN THE ORACE		
906 BLOUNTSTOWNHWY / SAT						゚゚゚゚゚゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゚゚゙゙゙゙゙゙゙゙゚゚゙゚゙゙゙゙゙	سيع	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Reg	nort T	
Tallating CS ER F1 32304 2. Principal Place of Business 7 2a. Mailing Address								08/02/1996	JOIL	
2. Principal	Place of Busi	ness)	2a. Ma	ailing Address					lied For	
21		. •	26	5					Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					-				
22			27					5. Certificate of Status Desired Fee Req		
	City & State City & 5				itate			6. Election Campaign Financing \$5.00 M	lav Be	
23			28					Trust Fund Contribution Added to		
Zip		Country	Zış)	Cou	intry		8. This corporation owes or has paid the current year Inter	gible	
24		25	29		30	, .		Personal Property Tax due June 30. Yes	No	
		and Address of Cur	rent Registere	d Agent				10. Name and Address of New Registered Agent		
	aluty, sta					81	Name		j	
122 LAUREL ROAD					82 Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33021										
						B3				
						84	City	85 Zip Co	vde	
							FL (**)			
office or	registered ac	sions of Sections 607.0 gent, or both, in the Str ith, and accept the ob-	ate of Florida.	Such change was	authorize	d by	the corpor	orporation submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as re	registered gistered	
SIGNATURE		,								
O CONTROLL		or printed name of registered				d Age	nt signature rei	quired when reinstating) DATE		
12.	l D	OFFICERS A	AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	, -	/ CTANIEV M		☐ DELETE	1.1 Ti		1	L.] Change	Addition	
NAME	400 141	/, Stanley M Jrel Road			1.2 N/					
STREET ADDRESS		VOOD FL 33021					ADDRESS		إ	
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NAME STREET ADDRESS					6.2 N		NO DO DE CO	100/1	91	
STREET ADDRESS	· L				■ 6.3 S	ntti	ADDRESS	10.01	• 1	

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: