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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070483 (8)

CARLJAM AUTO BODY INC.

Principal	Place	of	Business

Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



Transpart Rich	C Of Eddinous	maining / tagrees							
115 S. STATE RD. 7 MARGATE FL 33068		10726 PALM SPRING DRIVE BOCA RATON FL 33428							
US		DOOR IMION IE DOTE	•			DO NOT WRITE IN THIS SE	PACE		
1 50						3. Date Incorporated or Qualified			
						08/23/1996			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	- -	An	plied For
$\overline{}$	1000 01 2303.11000	F-7 "				65-0688329	F	\rightarrow	Applicable
Suite, Apt	# ala	Suite, Apt. #, etc.				00 0000329	60	_	
22 Suite, Apr	#, etc.	27 Suile, Apt. #, etc.				5. Certificate of Status Desired			dditional quired
City & State	C	City & State				6. Election Campaign Financing	¢.	- 00	May Be
23		28				Trust Fund Contribution			May Be o Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the curre			
24	25	29	30				Yes] No
	g. Name and Address of Current			T		10. Name and Address of New Registered A	gent		
AS	HMAN, RICHARD			81	Name				
	726 PALM SPRING DRIVE								
	CA RATON FL 33428			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
50	OA NATOR 1 L 33420			83	 				
				84	City	FI	85	Zip C	ode
44 6	10-1		4 4	<u> </u>			ĻĻ	1 14-	
office or r	to the provisions of Sections 607,0502 eaistered agent, or both, in the State (of Florida. Such change was	ules, the a s authorize	d b	a-named corpora	poration submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	nang: inime	ng iii nt as i	registered
agent La	m familiar with, and accept the obliga	tions of, Section 607.0505, F	Florida Stal	tute	S.				
SIGNATURE	Signature, typed or printed name of registered agen		O. C			uired when reinstating) DATE			
12.	OFFICERS AND		13.	o Age	and and restore and re-	ADDITIONS/CHANGES TO OFFICERS AND I	DIDE	OT OR	C IM 12
TITLE	D OF ROLLING AINE	DELETE	1.1 Tr	TI F			Cha		Addition
NAME	ASHMAN, RICHARD		1.2 N		1	•		angv	
1	% 10726 PALM SPRING DR.								
STREET ADDRESS					T ADDRESS				İ
CITY-ST-ZIP	BOCA RATON FL 33428	T perese			ST-ZIP		-		T 44400-
TITLE	D	DELETE	2.1 (1		1	L	Cha	ange	☐ Addition
NAME	ASHMAN, MARCIA		2.2 N	AME	į				
STREET ADDRESS	% 10726 PALM SPRING DR.		235	TREET	T ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33428		2.40	HTY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
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NAME			3.2 N	AME					
STREET ADDRESS			3.3 ST	TREET	ADDRESS				
CITY-ST-ZIP			34 C	HY-	S1-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE			Cha	ange	Addition
NAME			4 2 N	IAME	1				
STREET ADDRESS			4.3 \$1	TAFET	T ADDRESS				
CITY-ST-ZIP					ST-ZIP				
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NAME			5.2 N			•			
l					. 1000000				i
STREET ADDRESS					ADDRESS				
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TITLE		[] DETETE	6.1 TI		1	L	Cha	ange	Addition
NAME			6.2 N						
STREET ADDRESS			6.3 S	TREET	ADDRESS				
0.74 57 70			6.40	ITV C	7 70				

14. 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 changed, or on an adactment with an address.

SIGNATURE:

RICHAR

Ashman

4/14/98

(954) 984-9144