


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

FILED

May 08 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 # P96000082604 1. Corporation Name TURNPIKE AUTO COLLISION, INC			
Principal Place of Business TURNPIKE AUTO COLLISION, INC 4981 SW 34TH PLACE DAVIE, FL 33314		Mailing Address	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30. Country	
3. Date Incorporated or Qualified 10/14/97		3a. Date of Last Report N/A	
4. FEI Number 65-0698824		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CSC NETWORKS 1201 HAYS STREET TALLAHASSEE, FL 32301		10. Name and Address of New Registered Agent 81. Name PETER NEWMAN 82. Street Address (P.O. Box Number is Not Acceptable) 6200 WINDLASS CIRCLE 83. 84. City BOYNTON BEACH FL 85. Zip Code 33437	
11. Pursuant to the provisions of Section 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, of 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: <i>Peter Newman</i> PETER NEWMAN DATE: 4/24/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME DIRECTOR STREET ADDRESS PETER NEWMAN CITY-ST-ZIP 6200 WINDLASS CIRCLE BOYNTON BEACH, FL 33437		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 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, unchanged, or on an attachment with an address.		500002182205 -05/19/97--01004--041 ***165.00	
SIGNATURE: <i>Peter Newman</i> PETER NEWMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/24/97 (954) 587-9735 Date Daytime Phone #	

CR2E034 (9/96)