


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000042918** ✓
Corporation Name
SOUTHERN IMPACT BODY & PAINT, INC.

Principal Place of Business	Mailing Address
2 53RD STREET MANGONIA PARK FL 33407	1212 53RD STREET MANGONIA PARK FL 33407



FILED
Sep 10, 1999 8:00 am
Secretary of State
09-10-1999 90012 030 ***550.00

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/14/1997	
26		26		4. FEI Number 40-0260939 59-2604391	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
28		28		30	
Zip	Country	Zip	Country	9. Name and Address of Current Registered Agent	
25		29		10. Name and Address of New Registered Agent	
DE MARCHENA, HECTOR 902 MAPLEWOOD DR GREEN ACRES W PALM BCH FL 33415				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME		1.2 NAME		DE MARCHENA, HECTOR			
1.3 STREET ADDRESS		1.3 STREET ADDRESS		15592 KEYLIME BLVD.			
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP		LOXAHATCHEE, FL 33470			
2.1 TITLE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		2.2 NAME					
2.3 STREET ADDRESS		2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP					
3.1 TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME		3.2 NAME					
3.3 STREET ADDRESS		3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP					
4.1 TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME		4.2 NAME					
4.3 STREET ADDRESS		4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP					
5.1 TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME		5.2 NAME					
5.3 STREET ADDRESS		5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP					
6.1 TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME		6.2 NAME					
6.3 STREET ADDRESS		6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP					

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 attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 9/7/99

CR2E034 (5/99)