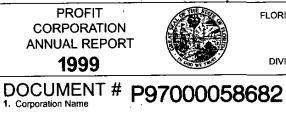
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90077 029 ***150.00

	MARION COLLISION, INC	Mailing Address		· · · · · ·			
12100 SOUTHEAST HIGHWAY 484 12100 SOUTHEAST HIGHWAY BELLEVIEW FL 34420 BELLEVIEW FL 34420			VAY 484		DO.NOT.WRITE:	N.THIS:SPACE	محتديد سسيندس
	والمنتقدي والمساور	فكالأبياء أبا أوجران ستنديعك بصعنين		مثلث وللمبسكات	3. Date Incorporated or Qualifed		
يحتفر سنوجاب					07/07/1997		
2. Principal P	Place of Business	2a. Mailing Address		- A	4. FEI Number		Applied For
21		26			59-3455721		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional Required
City & Sta	te .	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution	, Adde	ed to Fees
Zip	Country	Zip		untry	8. This corporation owes the current	• -	X No
24	25	29	30		Personal Property Tax.	∐Yes	NNO
	9. Name and Address of Current	t Registered Agent		81 Name	10. Name and Address of New Regi	stered Agent	
AAAF	EDII AMVED CHARTERED	* . \$175577		Name			
AMERILAWYER CHARTERED				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	RAL GABLES FL 33134			83		1 (No. 1416 17 18 1	3 7 31 91
COP	TAL GABLES FL 33134			63			以自己的
	1			84 City		EI 85 Z	ip Code
office or agent. I a					poration submits this statement for the pur on's board of directors. I hereby accept th		registered
	Signature, typed or printed name of registered agent		E: Registered	Agent signature require	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIREC	TORS IN 12
12.	OFFICERS ANI	D DIRECTORS DELETE	1.1 TI		ADDITIONO/OFFICE TO OFFICE	Chang	
	MIRACLE, MITCHELL T		1.2 N		`.	. —	_
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STREET ADDRESS		404		ITY-ST-ZIP			
CITY-ST-ZIP TITLE	BELLEVIEW FL 34420	[] DELETE	2.1 Π		·	☐ Chanc	ge Addition
	D '		2.2 N	1			_
NAME	MIRACLE, TROY 12100 SOUTHEAST HIGHWAY	404		TREET ADDRESS			
STREET ADDRESS	BELLEVIEW FL 34420	404	2.00				
CITY-ST-ZIP TITLE	DELLEVIEW FL 34420	_	2.40				
NAME		☐ DELETE		CITY-ST-ZIP			ge 🔲 Addition
NAME	Barrier (1971 Health Fill)	DELETE	3.1 ∏	CITY-ST-ZIP		Chanç	je Addition
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STREET ADDRESS	However the best of the control of t	DELETE	3.1 TI 3.2 No 3.3 S	CITY-ST-ZIP ITLE IAME TREET ADDRESS		Chang	ge Addition
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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 true-eff 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, with all other like empowered.