


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

FILED

Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000077641 (3) 1. Corporation Name CERTIFIED ACCIDENT RECONSTRUCTION INC.					
Principal Place of Business 2780 JULIET DR. DELTONA FL 32738			Mailing Address 2780 JULIET DR. DELTONA FL 32738		
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		3. Date Incorporated or Qualified 09/05/1997 4. FEI Number 573490831 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BAILEY, WILLIAM E 2780 JULIET DR. DELTONA FL 32738			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
11. 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.					
SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS 12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP President William E. Bailey 2780 N. Juliet Drive Deltona, FL 32738 <input type="checkbox"/> DELETE 12.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE 12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE 12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE 12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)