

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 06 1998 8:00am  
Secretary of State

DOCUMENT # P97000084930 (1)  
1. Corporation Name

DAMAGED VEHICLE MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2887 S OSCEOLA AVE NO. D-2 ORLANDO FL 32806		Mailing Address 2887 S OSCEOLA AVE NO. D-2 ORLANDO FL 32806	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent WROTEN, BOBBY H JR 2887 S OSCEOLA AVE NO. D-2 ORLANDO FL 32806		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	WROTEN, BOBBY H JR	1.2 NAME	
STREET ADDRESS	2887 S OSCEOLA AVE NO. D-2	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	WROTEN, VICKIE B	2.2 NAME	
STREET ADDRESS	2887 S OSCEOLA AVE NO. D-2	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

CR2E034 (5/98)

PE  
8-6

7/2/98

July 24, 1998

Dear Sir or Madam:

I received the annual report package for my corporation Damaged Vehicle Management, Inc. in the middle of the month of June which, of course, is past the deadline to file without the \$400.00 penalty. I was instructed by one of the members of the staff to fill out the second notice that I received, two weeks later, and send it to a different address along with the normal fee of \$150.00. I have complied.

I do not understand why I received the notice so late, however I do appreciate the manner in which your office has helped me with the problem. Thank you.

I can be reached by pager at 1-888-362-7556 or on a mobile phone at 407-620-0274, if you have any questions.

Sincerely,

Bobby Wroten