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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000005184**

1. Corporation Name
R.P.M. COLLISION & FRAME, INC.



Principal Place of Business: 4735 SOUTHWEST 45TH STREET DAVIE FL 33314
 Mailing Address: 4735 SOUTHWEST 45TH STREET DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/16/1998**

4. FEI Number: **65-0805384** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required:

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees:

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 **4735 ORANGE DRIVE** Suite, Apt. #, etc.:

2a. Mailing Address: 26 **4735 ORANGE DRIVE** Suite, Apt. #, etc.:

22. City & State: 23 **DAVIE, FL** 27. City & State: 28 **DAVIE, FL**

24. Zip: 25 **33314** Country: 25 **USA** 29. Zip: 30 **33314** Country: 30 **USA**

9. Name and Address of Current Registered Agent
GELLY, PATRICK
4735 SOUTHWEST 45TH STREET
DAVIE FL 33314

10. Name and Address of New Registered Agent
 81 Name: **Gelly, PATRICK**
 82 Street Address (P.O. Box Number is Not Acceptable): **4735 ORANGE DRIVE**
 83
 84 City: **DAVIE** 85 Zip Code: **FL 33314**

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: *Patrick Gelly* DATE: **1-25-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	GELLY, PATRICK	
STREET ADDRESS	4735 SOUTHWEST 45TH STREET	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/>
NAME	DESAULNIERS, MICHAEL	
STREET ADDRESS	4735 SOUTHWEST 45TH STREET	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	4735 ORANGE DRIVE		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	4735 ORANGE DRIVE		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 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.

SIGNATURE: *Patrick Gelly* DATE: **1-25-99**
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (11/98)