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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000045588

1. Corporation Name

VICTOR'S COLLISION, INC. Principal Place of Business Mailing Address 2700-C Michigan Ave. 2700-C Michigan Ave. Kissimmee, FL 34744 Kissimmee, FL 34744 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 5/18/98 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3512788 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8:75 Additional 5. Certificate of Status Desired Õ 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes the current year Intangible 25 29 30 □No Personal Property Tax. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Victor B. Dexter 14639 Astina Way Street Address (P.O. Box Number is Not Acceptable) Orlando, FL 32827 **B3** 84 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 Againt signature required when realistating) are, typed or printed name of registered again and title if applicable 12. OFFICERS AND DIRECTORS 13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TILLE PD 1.1 TITLE Change Addition Victor B. Dexter NAME 1.2 NAME STREET ADDRESS 14639 Astina Way 1.3 STREET ADDRESS CITY-ST-ZIP Orlando, FL 32827 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change - Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 Chy-ST-ZIP TITLE DELETE 3 CTITLE ☐ Addition Change 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZiP 34. CITY-ST-ZIP DELETE TITLE 4 LTMLF Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-71P 4 4 CITY-ST-ZIP THLE DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition 62 NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 of 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 providing attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90264 035 ***150.00

CR2E034 (11/98)