

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S21317** (0)

1. Corporation Name
AUTO DAMAGE APPRAISAL, INC.



Principal Place of Business: **14670 NE 203RD ST FT. MCCOY FL 32134**
Mailing Address: **14670 NE 203RD ST FT. MCCOY FL 32134**

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date Incorporated or Qualified: **12/24/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3049923**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CRAWFORD, ROBERT B., SR. 14670 NE 203RD ST FT MCCOY FL 32134**
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 City; 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 and 607.1501, 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 607.0905, Florida Statutes.

SIGNATURE: _____ OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: D	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: CRAWFORD, ROBERT B., SR.	2. NAME:
3. STREET ADDRESS: 4001 N.W. 36 WAY FT. LAUDERDALE FL	3. STREET ADDRESS:
4. CITY-STATE-ZIP: FT. LAUDERDALE FL	4. CITY-STATE-ZIP:
5. TITLE: D	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: CRAWFORD, GAIL J.	6. NAME:
7. STREET ADDRESS: 4001 N.W. 36 WAY FT. LAUDERDALE FL	7. STREET ADDRESS:
8. CITY-STATE-ZIP: FT. LAUDERDALE FL	8. CITY-STATE-ZIP:
9. TITLE: D	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: CRAWFORD, ROBERT B., JR.	10. NAME:
11. STREET ADDRESS: 4001 N.W. 36 WAY FT. LAUDERDALE FL	11. STREET ADDRESS:
12. CITY-STATE-ZIP: FT. LAUDERDALE FL	12. CITY-STATE-ZIP:
13. TITLE: <input type="checkbox"/> DELETE	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	14. NAME:
15. STREET ADDRESS:	15. STREET ADDRESS:
16. CITY-STATE-ZIP:	16. CITY-STATE-ZIP:
17. TITLE: <input type="checkbox"/> DELETE	17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:	18. NAME:
19. STREET ADDRESS:	19. STREET ADDRESS:
20. CITY-STATE-ZIP:	20. CITY-STATE-ZIP:
21. TITLE: <input type="checkbox"/> DELETE	21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:	22. NAME:
23. STREET ADDRESS:	23. STREET ADDRESS:
24. CITY-STATE-ZIP:	24. CITY-STATE-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this general 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 holder of trustee, employee, or other position as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am listed or on an attachment with an affidavit.

SIGNATURE: *Robert B. Crawford Sr.* Robert B. Crawford Sr. 4-22-96 352-546-3234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)