


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S25725** (0)

1. Corporation Name
AUTO DAVE'S PAINT AND BODY SHOP INC.

Principal Place of Business 2501 24TH STREET WEST PALM BEACH FL 33407	Mailing Address 2501 24TH STREET WEST PALM BEACH FL 33407
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FILED

97 AUG -5 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2501 BROADWAY Suite, Apt. #, etc. 22		2a. Mailing Address 26 2501 BROADWAY Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 01/17/1991	3a. Date of Last Report 05/01/1996
City & State 23 WEST PALM BEACH		City & State 28 WEST PALM BEACH, FL		4. FEI Number 65-0256576	Applied For Not Applicable
Zip 24 FL 33401	Country 25 USA	Zip 29 FL 33401	Country 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent RAMLACKHAN, DAVE 2501 24TH STREET WEST PALM BEACH FL 33407				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 type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name RAMLACKHAN, DAVE
82 Street Address (P.O. Box Number is Not Acceptable) 417 14TH STREET
83
84 City WEST PALM BEACH FL
85 Zip Code 33401

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	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAMLACKHAN, DAVE		1.2 NAME RAMLACKHAN, DAVE	
STREET ADDRESS 2501 24TH STREET		1.3 STREET ADDRESS 417 14TH STREET	
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE 	<input type="checkbox"/> DELETE	2.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		2.2 NAME 	
STREET ADDRESS 		2.3 STREET ADDRESS 	
CITY-ST-ZIP 		2.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	3.1 TITLE 500002263695	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		3.2 NAME -08/11/97-01144-007	
STREET ADDRESS 		3.3 STREET ADDRESS *****165.00 *****165.00	
CITY-ST-ZIP 		3.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		4.2 NAME 	
STREET ADDRESS 		4.3 STREET ADDRESS 	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		5.2 NAME 	
STREET ADDRESS 		5.3 STREET ADDRESS 	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		6.2 NAME 	
STREET ADDRESS 		6.3 STREET ADDRESS 	
CITY-ST-ZIP 		6.4 CITY-ST-ZIP 	

14. I do 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.

SIGNATURE

SIGNATURE REQUIRED

[Signature] 7-28-97

CR2E034 (4/97)

(2)

Auto Dave's Paint & Body Shop, Inc.
2501 Broadway
West Palm Beach, FL 33407

Attention: Annual Reports
Division of Corporations
State of Florida
P.O. Box 6327
Tallahassee, FL 32314

July 30, 1997

RE: Waiver of Annual Report Penalties - Auto Dave's Paint & Body Shop, Inc.

Dear Sir/ Madam,

I am writing to request a waiver of penalties assessed against the above referenced company for the non payment of annual reports fees for 1997. Additionally, I have enclosed a check for \$165 payable to the State for annual report fees. My request for a waiver is based on the fact that it was only last week that I received the annual report notice from you requesting payment. I did not receive any previous notices, forms or letters regarding this matter since the beginning of 1997.

My bookkeeper kept asking me between February and May if I had gotten a notice from your office. I advised him that I did not receive anything. He went to the local office of the Department of Revenue and asked about it. He was told that one would be mailed out. However, I never received a notice until last week.

My bookkeeper then contacted your office and determined that your records show my company's address as 24th Street instead of Broadway. The representative advised him that I should write this letter requesting a waiver of penalties and to mail a check for \$165 for the annual report fees.

I hope that my request will be viewed favorably.

Sincerely,

Dave Ramlackhan

Dave Ramlackhan
Owner, Auto Dave's Paint & Body Shop

Enclosure: Check for \$165