

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S41345 (7)

1. Corporation Name
DIANE'S HI-GLOW AUTOBODY REPAIR, INC.



Principal Place of Business: **14747 NEBRASKA AVE TAMPA FL 33613**
Mailing Address: **14747 NEBRASKA AVE TAMPA FL 33613**

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

3. Date Inc. Incorporated or Qualified: **03/26/1991**
3a. Date of Last Report: **05/10/1995**
4. FEI Number: **59-3670303** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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
**PEREZ, ONELIO, JR.
14747 NEBRASKA AVE
TAMPA FL 33613**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 601.01 and 601.02, Florida Statutes, I have named **Onelio Perez Jr.** as the registered agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said change was a change of the registered office of the corporation. I, the undersigned, am familiar with, and accept the obligations of, Section 601.01(1)(c), Florida Statutes. I hereby accept the appointment as registered agent. I am
Onelio Perez Jr. *Onelio Perez Jr.* **4-16-96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PEREZ, ONELIO, JR.	
STREET ADDRESS	14747 NEBRASKA AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PEREZ, LILY D	
STREET ADDRESS	14747 NEBRASKA AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 1:

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not comply for the corporation stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information on and for this filing is signed or signed for by me or myself and my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation, the receiver or bond agent appointed to receive and to report on behalf of the City, Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a attachment with this filing.
SIGNATURE: Onelio Perez Jr. *Onelio Perez Jr.* **4-16-96** **813 971-1177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)