FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT CORPORATION** ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 (7) DOCUMENT # WORLD CAR AUTO BODY SPEICIALISTS, INC. Principal Place of Business Mailing Address

FILED Mar 04 1998 8:00am Secretary of State



1300 S 56TH AYE HOLLYWOOD FL 33023		1300 S 56TH AVE HOLLYWOOD FL 33023		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 05/08/1991	
2. Principal Place of Business		2e. Mailing Address 26		4. FEI Number 65-0262423	Applied For Not Applicable	
Sulte, Apt. #, etc. ≥2		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30			Yes No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name		
ROSEN, HARRY M.			61	Name		
	51 MIRAMAR PARKWAY, SUN RAMAR FL 33023	E 101	62		dress (P.O. Box Number is Not Acceptable)	
			63			
			64		FL	85 Zip Code
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 age				ent signature requ		D DIDECTORS (N) 40
12.		OFFICERS AND DIRECTORS 13. PV			ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	GUST, MICHAEL A		1.1 TITLE 1.2 NAME			
STREET ADDRESS	ARRA O FATTA ANT			T ADDRESS		
City-st-zw	HOLLMHOOD EL		1.4 CITY			
TITLE	ST	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	GUST, CHRISTINA M		2.2 NAME			
STREET ADDRESS	1300 S 56TH AVE		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	51-2P		☐ Change ☐ Addition
NAME			4. 2 NAME	:		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	51 TITLE			Change Addition
NAME			5.2 NAME	- 1		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP		T APPER	5.4 CITY-	ST-ZIP		Change
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	i		
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			6.4 CITY	SI-ZIP		

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.