

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S53393

1. Corporation Name

G & M COLLISION, INC.

UPDATED
REPORT

FILED

99 JUN -2 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2025 WILD ACRES ROAD LARGO FL 33771 US		Mailing Address 2025 WILD ACRES ROAD LARGO FL 33771 US	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
22. City & State		28. City & State	
23. Zip		29. Zip	
24. Country		30. Country	
9. Name and Address of Current Registered Agent			
PEARL, MARGARET 2025 WILD ACRES ROAD LARGO FL 33771			
10. Name and Address of New Registered Agent			
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City			
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 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	11. TITLE	
NAME	PEARL, MARGARET	12. NAME	500002904645--0
STREET ADDRESS	2025 WILD ACRES RD	13. STREET ADDRESS	-06/15/99--01031--003
CITY-ST-ZIP	LARGO FL 33771	14. CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	21. TITLE	
NAME	COHEN, GARY	22. NAME	
STREET ADDRESS	2025 WILD ACRES ROAD	23. STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	24. CITY-ST-ZIP	
TITLE	D	31. TITLE	4/23/99 - Ch. # 2041
NAME	COHEN, MICHELE	32. NAME	150.00
STREET ADDRESS	2025 WILD ACRES ROAD	33. STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	34. CITY-ST-ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. 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, with all other like empowered.

SIGNATURE:

Margaret Pearl June 3, 1999
Margaret Pearl (Margaret Pearl) May 12, 1999
Annex 23-1999 (727) 530-3662

0420065

CR2E034 (11/98)