

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

FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S59965 (1)

1. Corporation Name
323 AUTO SALVAGE & REPAIRS, INC.

Principal Place of Business

Mailing Address

RT 4 BOX 252
RT. 323 INTERSECTING RT. 316
WILLISTON FL 32696

RT 4 BOX 252
RT. 323 INTERSECTING RT. 316
WILLISTON FL 32696-9412



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

3. Date Incorporated or Qualified	3a. Date of Last Report
06/17/1991	05/01/1996
4. FEI Number	Applied For
59-3068838	Not Applicable
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARKS, RAYMOND D. RT 4 BOX 252 WILLISTON FL 32696		591 NE 205th AVE	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, RAYMOND D.	12 NAME	
STREET ADDRESS	RT. 4 BOX 252	13 STREET ADDRESS	591 NE 205th AVE
CITY - ST - ZIP	WILLISTON FL	14 CITY - ST - ZIP	WILLISTON FL 32696
TITLE	ST	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, RAYMOND D.	22 NAME	
STREET ADDRESS	RT. 4 BOX 252	23 STREET ADDRESS	591 NE 205th AVE
CITY - ST - ZIP	WILLISTON FL	24 CITY - ST - ZIP	WILLISTON FL 32696
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, LOUISE T.	32 NAME	
STREET ADDRESS	RT. 4 BOX 252	33 STREET ADDRESS	591 NE 205th AVE
CITY - ST - ZIP	WILLISTON FL	34 CITY - ST - ZIP	WILLISTON FL 32696
TITLE	D	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, DIANA M.	42 NAME	
STREET ADDRESS	RT 4 BOX 252	43 STREET ADDRESS	591 NE 205th AVE
CITY - ST - ZIP	WILLISTON FL	44 CITY - ST - ZIP	WILLISTON FL 32696
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: Louise T. Parks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/97 352-528-2914
Date Daytime Phone

CR2E034 (9/96)