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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (1)**DOCUMENT #** 1. Corporation Name AUTOMOTIVE DENT SPECIALISTS, INC. Mailing Address Principal Place of Business



SUITE 1	OSE PL #22 LLE FL 32257	SUITE 1	JACKSONVILLE FL 32257			3. Date incorporated or Qualified 08/02/1991	3a. Date of Last Report 05/01/1995			
2. Principal Plac	ce of Business	2a. Mailing Addre	ess			4. FEI Number 59-3081523			Applied For	
i i		26				39-306 1323			Not Applicable  Additional	
Suite Apt. #,	, etc	Suite, Apt. #.	etc.			5. Certificate of Status Desired			Required	
City & State		City & State				6. Election Campaign Financing		<b></b>	May Be	
		28				Trust Fund Contribution  8. This corporation has liability for i			d to Fees	
Zιρ	Country	Zip	Cour	ntry		8. This corporation has liability for the Florida Statutes Yes	No	tax tinder o	100.002,	
l	25 9. Name and Address of Curre	29 29 Agent	30		<b>-</b>	10. Name and Address of New R	egistered	l Agent		
	9, Manie and Address of Confe	in registered right		81	Name					
SI OTT	, ARNOLD H.			82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)			
	334 E DUVAL ST					Street Address (				
	SONVILLE FL 32202			83						
			ŀ	84	City		F	85 Z	ip.Code	
•						ation submits this statement for the pured of directors. I hereby accept the app		hanging de	registered offi	
2.	Squarae 5,524 or per net rapor et responses au OFFICERS A	ND DIRECTORS	#NOTE Begistered   13.			ADDITIONS/CHANGES TO OFF	ICERS A	ND DIRECT Change	ORS IN 12 Addition	
ILE	<u> </u>	DEI	.ETE 1.1T					one igo	[	
AM:	BLOCK, ANDREW M. ONE SAN JOSE PLACE,	SUITE 1			LADDRESS					
HEET ACORESS	JACKSONVILLE FL				ST ZIP					
TY-ST-ZIP ILE	DVT	D£	IFIL 217	ITLE				Change	Addition	
AME	BLOCK, WILLIAM A.		2 2 N	AME						
INEFT ADDRESS	ONE SAN JOSE PLACE,	SUITE 1			I ADDRESS					
11 - ST - ZIF	JACKSONVILLE FL	T DE			ST-ZIP			☐ Change	Addition	
ILi	S BLOCK, BEVERLY		321		l					
AME	ONE SAN JOSE PLACE,	SUITE 1			EL ADDRESS					
THEFT ADDRESS HTY ST-ZIE	JACKSONVILLE FL				ST ZIP					
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AME	BLOCK, JEFFREY L			NAMi		ፈጠጠጠጠ ነው	O O O			
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STREET ADDRESS								_	1 2 0	
STREET MEGNEST					ELADORESS -ST-ZIP			_		

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of the corporation or the receiver or trusted 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2696

904-768-8999