


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

FILED

May 02 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 # S71887 (1)					
1. Corporation Name AUTOMOTIVE DENT SPECIALISTS, INC.					
Principal Place of Business ONE SAN JOSE PL #22 SUITE 1 JACKSONVILLE FL 32257 US			Mailing Address ONE SAN JOSE PL #22 SUITE 1 JACKSONVILLE FL 32257-7572 US		
2. Principal Place of Business 21 2960 Hartley Road West Suite, Apt. #, etc.		2a. Mailing Address 26 2960 Hartley Road West Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/02/1991	
22 City & State 23 Jax, FL Zip 24 32257		27 City & State 28 Jax FL Zip 29 32257		3a. Date of Last Report 05/01/1996	
25 Country		30 Country		4. FEI Number 59-3081523	
9. Name and Address of Current Registered Agent SLOTT, ARNOLD H. 334 E DUVAL ST JACKSONVILLE FL 32202		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		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 (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	BLOCK, ANDREW M.		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	ONE SAN JOSE PLACE, SUITE 1		1.2 NAME		
CITY-ST-ZIP	JACKSONVILLE FL		1.3 STREET ADDRESS	2960 Hartley Rd. W.	
TITLE	DVT	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Jacksonville, FL 32257	
NAME	BLOCK, WILLIAM A.		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	ONE SAN JOSE PLACE, SUITE 1		2.2 NAME		
CITY-ST-ZIP	JACKSONVILLE FL		2.3 STREET ADDRESS	2960 Hartley Rd. W.	
TITLE	S	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Jacksonville, FL 32257	
NAME	BLOCK, BEVERLY		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	ONE SAN JOSE PLACE, SUITE 1		3.2 NAME		
CITY-ST-ZIP	JACKSONVILLE FL		3.3 STREET ADDRESS	2960 Hartley Rd. W.	
TITLE	D	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	Jacksonville, FL 32257	
NAME	BLOCK, JEFFREY L		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	ONE SAN JOSE PLACE, SUITE 1		4.2 NAME		
CITY-ST-ZIP	JACKSONVILLE FL		4.3 STREET ADDRESS	2960 Hartley Rd. W.	
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	Jacksonville, FL 32257	
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 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:		RECEIVED		4-21-97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (9/96)