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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S82723

(5)

1ST CLASS AUTO BODY OF MELBOURNE, INC.

FILED
Apr 17 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address							***************************************	**** @ ***** @ **		111 41511 1451	
71 SUNSET OR 71 SUNSET DR											
MELBOURNE	FL 32904	MELBOURNE FL 32904	MELBOURNE FL 32904				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified	IN ITIS	STACE		
						"	*				
Dringing P	Place of Business	2a. Mailing Address					09/23/1991 I. FEI Number		1 14.	oplied For	
	INCO OF DOSHIESS	<del>-</del> -¬ •	<del>-</del>			"			<u> </u>	ot Applicable	
Suite, Apt.	# Atc	Suite Ant # etc	Suite, Apt. #, etc.				59-3138369			Additional	
22	w, <b>0</b> 10.	· · · · · · · · · · · · · · · · · · ·	27			5	5. Certificate of Status Desired		4	equired	
City & State	A	<del></del>	City & State				3. Election Campaign Financing			May Be	
23	•	28				۱۳	Trust Fund Contribution			to Fees	
Zip				ntry			3. This corporation owes or has pa		_		
24	25	29 3	0	-		"	Personal Property Tax due June			No	
.==		f Current Registered Agent				10	Name and Address of New Re		Agent		
FA	BERENZ, ROGER			B1	Name						
71 SUNSET DR					Ctroot A	ddroon (	P.O. Box Number is Not Acceptal	nla)			
MELBOURNE FL 32904					SHEELA	garess (	(F.O. Box Number is Not Acceptat	310)			
MECODINIC IC 32804											
			1	_	00						
				84	City			FL	_ <b>65</b> 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											
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, typicd or printed hance of registered agent and little if applicable (NOTE Registered Agent signature required when reinstalling)  DATE											
12.	Signature, typical or printed name of reg	FRS AND DIRECTORS	13.	Ager	a signature re	equirea whe	ADDITIONS/CHANGES TO OFFI	DATE	IN DIRECTOR	RS IN 12	
TITLE	0				1.1 TITLE		ADDITIONO/OFIANGEO TO OFF	JENO AIT	Change	Addition	
NAME	EBERENZ, ROGER			1.2 NAME 1.3 STREET ADDRESS					_	_	
STREET ADDRESS	71 SUNSET DR										
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-								
TITLE		DELETE	2.1 TITLE					Change	Addition		
NAME		<del></del>	2.2 NAME								
STREET ADDRESS			2.3 STREET ADDRES		ADDRESS		4.1	*			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP								
TITLE		☐ DELETE	3.1 TITLE			·			Change	Addition	
NAME		_	3.2 NAME					-			
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CITY - ST - ZIP								
TITLE		DELETE							Change	Addition	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY - ST- ZIP								
TITLE		DELETE	5.1 TITLE						Change	Addition	
NAME			5.2 NA	5.2 NAME							
STREET ADDRESS			5.3 STREET		ADORESS						
CITY-ST-ZIP			5.4 CITY - ST- ZIP								
TITLE		DELETE							Change	Addition	
NAME			6.2 NA						-		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			6.4 CIT								
	t certify that the information sur	polied with this bling does not qualify for				I in Sect	ion 119.07(3)(i), Florida Statutes, I	further c	ertify that the	information	

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.

CICNIATURE.

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