May 01, 1999 8:00 am Secretary of State

05-01-1999 90084 039 ***150.00

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 # \$82723

	ASS AUTO BODY OF MEL						
Principal Place of Business Mailing Address							
71 SUNSET DR 71 SUNSET DR MELBOURNE FL 32904 MELBOURNE FL 32904					DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed 09/23/1991		
2. Principal Place of Business 2a. Mailing A			ig Address			pplied For	
21		26			59-3138369	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75	Additional	
22		27			5. Certificate of Ottolog Decirios	Required	
City.& Stat	e	City_&_State			1 **):May-Be	
23		28	·		Trust Fund Contribution Added	to Fees	
Zip	Country	Zip	Cou	untry	8. This corporation owes the current year Intangible	— 1	
24	25	29	30		Personal Property Tax.	⊠Nο	
	9. Name and Address of Curi	rent Registered Agent		ļ ,	10. Name and Address of New Registered Agent		
				81 Nam	ne		
EBERENZ, ROGER				82 Street Address (P.O. Box Number is Not Acceptable)			
71 SUNSET DR							
MELBOURNE FL 32904				83			
	•			84 City	FL 85 Zip	Code	
office or r	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such change was igations of, Section 607.0505, I	s authorize Florida Stat	a by the cor tutes.	ed corporation submits this statement for the purpose of changing it proporation's board of directors. I hereby accept the appointment as required when reinstating) DATE	s registered egistered	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE	D	DELETE			☐ Change		
NAME	EBERENZ, ROGER			IAME			
	1			TREET ADDRES			
STREET ADDRESS				ITY-ST-ZIP			
CITY-ST-ZIP TITLE	111000 0 0 1 11 11 11 11 11 11 11 11 11				Change	Addition	
			2.2 N				
NAME	·						
STREET ADDRESS				TREET ADDRES	:55		
CITY-ST-ZIP		☐ DELETE		CITY-ST-ZIP	☐ Change	Addition	
TITLE	1	□ NETE1E					
NAME		_ ·- ·- ··		IAME			
STREET ADDRESS	i			TREET ADDRES	SS		
CITY-ST-ZIP		□ pc:		CITY-ST-ZIP	Change	Addition	
TITLE		☐ DELETE			Charge	. ⊢ vooinoi	
NAME				VAME			
STREET ADDRESS	;}		4.3 8	TREET ADDRES	ESS		
CITY-ST-ZIP				TY-ST-ZIP		F-1	
TITLE	1		51T	mF	☐ Change	Addition	

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

☐ DELETE

☐ Addition

☐ Change