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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 584149

SATASOTA AUTO RESTYLING INC

Principal Place of Business

2. Principal Place of Business

24

4680 Astron

Mailing Address

4680 Ashton Rd.

SAMSOM, FC

34733

Holdress Ashton Rd 6

10-1-91 4. FEI Number 65-0288132

5. Certificate of Status Desired

3. Date Incorporated or Qualified

Applied For Not Applicable \$8.75 Additional

Fee Required

3a. Date of Last Report

1996

 Suite, Apt. #, etc.
 Suite, Apt. #

 27
 City & State

 City & State
 City & State

FL 28

pp Country

6. Election Campaign Financing
Trust Fund Contribution

8. This corporation has liability for inlangible tax under s. 199.032,
Florida Statutes

FILED

May 20 1997 8:00am

Secretary of State

9. Name and Address of Current Registered Agent
Westmark, Michael W.
4680 Ashton RB.

4680 Ashton RD. SATASOTA, FL 34233

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83		-	
84	City	85	Zip Code

10. Name and Address of New Registered Agent

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.

agon. r	the control of the co			
SIGNATURE	Signature typed or printed name of registered agent and title if applicable (NOT	i - Recyclared Acousticons and	ouired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President DELETE	11 TITLE	Change Addition	
NAME		1.2 NAME	_ , _	
STREET ADDRESS	Michael Westmark 3910 Camino Real	1.3 STREET ADDRESS		
	STID CAMENO ICEAC	1.4 CITY-ST - ZIP		
CITY-ST-ZIP TITLE	SACASOTA FL 34331	2.1 TITLE	Change Addition	
	-	2.7 NAME		
NAME	DANA WESTMARK 3910 CAMONO REAL			
STREET ADDRESS		2 3 STREET ADORESS		
CITY-ST-ZIP	SATASOTA, FL 34231	2 4 CHY-ST-ZIP	Change Addition	
TITLE	DELETE	3.1 TITLE	Change Addition	
NAME		3 2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST ZIP		
THILE	DELETE	4 1 TITLE	☐ Change ☐ Addition	
NAME		4 2 NAME		
STREET ADDRESS		4.3 STHEET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5 1 1111	Change Addition	
NAME		5.2 NAME	000002200050	
STREET ADDRESS		5.3 STREET ADDRESS	000002200050 -06/03/9701081015	
CITY-ST-ZIP		5.4 CITY - \$T - ZIP	***165.80	
TITLE	DELETE	61 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME	cs	
STREET ADDRESS		6 3 STREET ADDRESS	5/20/9	
City-St-7IP		6.4 CITY - \$1 - 7IP	2/20/1	

14. I do hereby certify that the information supplied with this liting 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 cupplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of (i), conforcition on 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 11 or I have a latent ment with an address.

SIGNATURE

CHATURE TWO TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5-13-97

941-953-942)

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