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 #

(7)

FILED Apr 03 1998 8:00am Secretary of State

KONRA	D'S COLLISION, INC.							
Principal Place	of Business	Mailing Address				I 10041 ONOGO ANGLO GIBIO COLOS GALAL DEGLI DIGIL GIBI	IN BIBNI BIBNI BIBN	1411 1 44
819 U.S. 41 BY-PASS SOUTH 819 U.S. 41 BY-PASS SO			SOUTH					
VENICE FL 34292 VENICE FL 34292						DO NOT HIDITE OF THE	CDACE	
						DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
						02/18/1992		
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	IAn	plied For
21	26	ng Address			L	65-0322785 Not Applical		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			SQ 75 Additions		
22		27	·			5. Certificate of Status Desired	Fee Re	
City & State	3	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	
Zip	Country	Zip	Co	untry	1	8. This corporation owes or has paid the cu	irrent year Inte	angible
24	25	29	30) No
	9, Name and Address of C	urrent Registered Agent		100		10. Name and Address of New Registered	Agent	
	LT, KAREN			81	Name			
16 BOWDOIN RD.				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	ass (P.O. Box Number is Not Acceptable)	
VEI	NICE FL 34293			1				
				83				į
				84	City		85 Zip (ode
dd. Distance of	to the provisions of Continue CO	7.00.00 d 007.4000 Florida Cu-		<u> </u>		FL	<u> </u>	
office or re	egistered agent, or both, in the	State of Florida. Such change wa	s authorize	ed by	the corpo	orporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	pointment as	registered
agent. I ai	m familiar with, and accept the	obligations of, Section 607.0505,	Florida Sta	atutes	3.			
SIGNATURE	Signature, typed or printed name of register	The state of the s	O. Danieles	ad 6 ma	nt ningature re	equired when reinstating) DATE	~ · · · · · · · · · · · · · · · · · · ·	
12.		S AND DIRECTORS	13.		int signature te	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	D	DELETE 1.1 T					☐ Change	Addition
NAME	WALT, KAREN		1.21	NAME				;
STREET ADDRESS	16 BOWDOIN		1.3 3	STREET	ADORESS			
CITY-ST-ZIP	VENICE FL		14 (1.4 CITY-ST-ZIP				
TITLE		☐ DELETE		IITLE			Change	Addition
NAME			2.21	NAME				Ī
STREET ADDRESS			2.3 9	STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-5		ST-21P			
TITLE	☐ DELE			3.1 TITLE			Change	Addition
NAME			3.21	NAME				
STREET ADDRESS			3.3 \$	STREET	ADDRESS			
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP			
TITLE	☐ DELETE		4.1 7	4.1 TITLE			Change	Addition
NAME			4. 2	NAME				ŀ
STREET ADDRESS			4.3 \$	STREET	ADDRESS			
CITY-ST-ZIP			4.4 (CITY-S	T-ZIP			
TITLE		☐ DELETE	5.11	TITLE	[Change	Addition
NAME			5.21	NAME				
STREET ADDRESS			5.3 \$	STREET	ADDRESS			
CITY-ST-ZIP			5.4 (CITY-S	T- ZIP			
TITLE		☐ DELETE	6.1 7	IITLE			Change	Addition
NAME			6.21	NAME				
STREET ADDRESS			6.3 5	STREET	ADDRESS			
CITY-ST-ZIP			6.4 (CITY - S	T-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 in attachment with an address.