

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

FILED

**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 423558 (6)
1. Corporation Name
EARL SCHEIB OF FLORIDA, INC.



Principal Place of Business 8737 WILSHIRE BLVD BEVERLY HILLS CA 90211	Mailing Address P.O. BOX 92184 LOS ANGELES CA 90009-2184 US
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3. Date Incorporated or Qualified 04/13/1973	3a. Date of Last Report 04/15/1996
4. FEI Number 85-2814902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 92184
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 LOS ANGELES, CALIFORNIA
24 Zip	29 90009
25 Country	30 USA

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301-2525**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCOB	<input type="checkbox"/> DELETE
NAME	DANIEL A. SEIGEL	
STREET ADDRESS	8737 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILL CA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	CHRISTIAN K. BEMENT	
STREET ADDRESS	8737 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	OOB	<input checked="" type="checkbox"/> DELETE
NAME	BEATHE, YVONNE E.	
STREET ADDRESS	8737 WILSHIRE BLVD	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	VPTD	<input checked="" type="checkbox"/> DELETE
NAME	JOHN K. MINNIHAN	
STREET ADDRESS	8737 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILL CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V.P., CORP. SECTRY., DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVID I. SUNKIN
3.3 STREET ADDRESS	8737 WILSHIRE BLVD.
3.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90211
4.1 TITLE	SR V.P., CFO, TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN D. BRANCH
4.3 STREET ADDRESS	8737 WILSHIRE BLVD.,
4.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90211
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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: DAVID I. SUNKIN **SIGNATURE REQUIRED** **04-07-97** **(310)652-4880**

CR2E034 (9/96)