

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 APR 27 AM 9:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mathwin
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **P94000077216**

1. Corporation Name
4474 NW 15th Street Repair Corp.

Principal Office Address: **4400 NW 15th Street, Margate, FL 33063**

Main Address: **4900 NW 15th Street, Margate, FL 33063**

2. Principal Place of Business: **21** State, Apt. #, etc. **26** Mailing Address: State, Apt. #, etc.

22 City & State **27** City & State

23 **28**

24 **25** **29** **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10-20-94** 3a. Date of Last Report

4. FEI Number **65-052772** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**Douglas P. Smith
5000 NW 85th Rd
Coral Springs FL 33067**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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: _____

12. OFFICERS AND DIRECTORS

1. NAME: **D/P Douglas P. Smith**

2. STREET ADDRESS: **5000 NW 85th Rd**

3. CITY & STATE: **Coral Springs FL 33067**

4. NAME

5. STREET ADDRESS

6. CITY & STATE

7. NAME

8. STREET ADDRESS

9. CITY & STATE

10. NAME

11. STREET ADDRESS

12. CITY & STATE

13. NAME

14. STREET ADDRESS

15. CITY & STATE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 12)

Change Addition

900001469249

-05/01/95-01051

******200.00 ****200.00**

Change Addition

Change Addition

Change Addition

14. I, the undersigned, certify that the information set forth in this filing is true and correct, and that I am a resident of the State of Florida and do not qualify for this exemption stated in law section 199.032(1)(b), Florida Statutes. Further, I certify that the information indicated by the undersigned on this report is true and correct, and that my signature shall have the same legal effect as if this certificate were filed. This certificate is effective on the date of filing of this report, or the date of filing of this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 12 of this report. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **4/1/95** **305 9786231**

SIGNATURE AND FILED ON PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR