

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 526861 (0)

1. Corporation Name
ALAN'S MOBILE HOME REPAIR, INC.



Principal Place of Business
**1600 NW 119 ST.
MIAMI FL 33167**

Mailing Address
**1600 NW 119 ST.
MIAMI FL 33167**

3. Date Incorporated or Qualified **03/03/1977** 3a. Date of Last Report **06/16/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1727927		Applied For Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

**CURRELI, ALAN
1600 NW 119 ST.
MIAMI FL 33150**

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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of signing officer or director)

(Signature typed or printed name of new registered agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY - ST - ZIP		8. CITY - ST - ZIP	
TITLE	☐ DELETE	9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY - ST - ZIP		12. CITY - ST - ZIP	
TITLE	☐ DELETE	13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	
TITLE	☐ DELETE	17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 applicable) on an attached list with an address.

SIGNATURE:

Alan Curreli - Alan Curreli 7/1/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FILED IN 6024

CR2E034 (12/95)