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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

526861

ALAN'S MOBILE HOME REPAIR, INC.

(0)

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Maining Address 1600 NN 119 ST.							
MAIN FL 33167 MIAN FL 33167 A Mailing Address 2a. Mailing Address 2b. A Mailing Address 2c. Mailing Address	Principal Place of Business Mailing Address				r inditer drive come arres lette dries drai prais es	āri 830st brati alāri Blāti rādi	
2. Principal Piace of Business 2. 2a. Mailing Address 2. 2b. All Procedure for Status Posited or Qualified 03/03/1977 . 2. Principal Piace of Business 2. 2a. Mailing Address 2. 2b. All Procedure for Status Posited 03/03/1977 . 2. Principal Piace of Business 2. 2a. Mailing Address 3. 2b. All Procedure for Status Posited 05/05/1977 . 2. Suite, Apr. #, etc. 5. Certificate of Status Desired 5. Certificate 3. Desired 5. Certificate 5. Cert					ļ		
3. Dale Incorporated of Quelified 03/03/1977 2. Principal Place of Business 2e. Mailing Address 2e. Maili	MIAMI FL 33167		MIAMI FL 33167		DO NOT WRITE IN THIS SPACE		
Second Principal Place of Business Sea Mailing Address Sea M						9 01 1102	
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Suite, Apt 8, etc. Suite, Apt 8, etc. Suite, A	2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
City & State Ci	21			a forms R	cl 59-1727927	Not Applicable	
City & State 29		#, etc.	h		5. Certificate of Status Desired		
25 Country 29 25 29 3,2,1,2,4 30 U.S.A. 8. This corporation was or has paid the current year Integlible Personal Property Tax due June 30 \(\tilde{\			· · · · · · · · · · · · · · · · · · ·				
Zep 25 25 32 24 30 U.S.A 30		e	h	h FL	' * -		
28		Country					
Second Comment Seco		25	29 32124	_ ,,,			
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named exporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socions 607 0502 and 607 1508, Florida Statutes, the above-named exporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 607 0505, Florida Statutes. SIGNATURE Institute		9. Name and Address of Current	Registered Agent			d Agent	
MIAMI FL 33150 84 AUV	CURRELI, ALAN B1 Name						
MIAMI FL 33150 83 84 EVENTORES 11. Pursuant to the provisions of Socions 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, a m familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or prefet name for registered agent and their integlinests (Note thange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent a	·				Idress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes. The above-named doporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prelied name of regalered agent agent and ten' in replication. (NOTE Registered Agent sprature required when reinstating) DATE	ML	AMI FL 33150		1 2 160			
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and teller if applicable.				83			
11. Pursuant to the provisions of Sockons 607 0502 and 607. 1508, Florida Statutes, the above-harmed borporation submits this statement for the purpose of changing its registered office or registered agent, a m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE				84 Gty	0 0	85 Zip Code	
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 Lam familiar with, and accept the obligations of, Section 607.0505, Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent agent, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida Such change is positive required when reinstaining. DATE DATE	11 Pursuant	to the provisions of Sections 607.0503	and 607 1508 Florida Statutos	the above named to			
Signature, typed or printed name of registered agent and ten if application Applic	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.						
12. OFFICERS AND DIRECTORS TITLE PD CURRELI, ALAN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS							
TITLE NAME CURRELI, ALAN STREET ADDRESS 18141 SW 70 PLACE FT. LAUDERDALE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DEL					·	ND DIRECTORS IN 12	
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-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		certify that the information supplied will	th this filing does not qualify for		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.

Curreli

4/30/98