


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

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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90012 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G34226 1. Corporation Name ANCHOR REPAIR SERVICES, INC.					
Principal Place of Business 1007 N. AMERICA WAY 5TH FLOOR MIAMI FL 33132 US			Mailing Address P. O. BOX 015359 MIAMI FL 33101 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2361105	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent QUINN, DONALD T. 1007 NORTH AMERICA WAY MIAMI FL 33132				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	NAME	STREET ADDRESS	CITY-ST-ZIP		
	DP	QUINN, DONALD T	2100 S. OCEAN DR.		
		FT. LAUDERDALE FL			
	D	GROVES, R. W. III	2 EAST BRYAN ST.		
		SAVANNAH GA			
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
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					



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)

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 an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 FEB 1999

(305) 374 6400

Date

Daytime Phone #