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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # H81507

(6)

RED BALL ELECTRONIC REPAIR, INC.

Principal Place of Business

Mailing Address

**FILED** Apr 21 1997 8:00am Secretary of State



PEMBROKE PIN	(E RD., STE 204 VES FL 33023	7161 PEMBROKE RD., ST PEMBROKE PINES FL 330					
					3. Date Incorporated or Qualified 10/18/1985	3a. Date of Last 05/10/1996	Report
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21		26	26				lot Applicable
Sulte, Apt.	#, elc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		SR 75 Additional		
22		27	27		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for intangible tax under s. 199.032.		
Zip 24	25 29 30			Florida Statutes Yes No			
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOL	LÓWAY, JANET B.		81	Name			
7130 SW 14TH ST				Stroot Add	Iress (P.O. Box Number is Not Acceptable	~1	
PEMBROKE PINES FL 33023				82 Street Address (P.O. Box Number is Not Acceptable)			
\$1 m			83				
	•						
			84	City		<b>F</b> 85 Zir	Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statu	tes, the abov	e-named cor	poration submits this statement for the pulion's board of directors. I hereby accept		its registered
office or r	egistered agent, or both, in the S	State of Florida. Such change was obligations of, Section 607.0505, Fl	authorized b	y the corpora	tion's board of directors. I hereby accept	the appointment a	s registered
1	m samula with and doody the c	objection of occuping and the property	iorida otatute	ю.			1
SIGNATURE	Signature, typed or printed name of registers	ed agont and title if applicable (NO	1t Registered As	jent signature requ	ired when reinstating)	DATE	
12		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		RS IN 12
FITLE	PD	DELETE 1.				☐ Change	(
NAME	HOLLOWAY, JANET B.		1.2 NAME				;
STREET ADDRESS	DORESS 7130 SW 14TH ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CHY-	S1-7/P			
TITLE	VST □ DELETE		2 1 11fLE			Change	Addition
NAME	HOLLOWAY, CLARA B.		2.2 NAME				
STREET ADDRESS	7121 SW 14TH ST.		2 3 STREFT ADDRESS				[
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY-ST-ZIP				
TITLE			3.1 TITLE	01-211	Change		Addition
NAME				3.2 NAME		- I allow	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	- }			ł
TITLE			4.1 TITLE	01-71	Change A		Addition
NAME		_ Decrie	4.7 THEE			onange	LJ Addition
STREET ADDRESS							
CITY-ST-ZIP				1 ADDRESS			
TITLE		DELETE	4.4 CHY-1	51-ZIP		Change	Addition
AVAME		L_J OLCCIL	5.7 TIBLE 5.2 NAME			□ Cusuge	L Audition
7							1
STREET ADDRESS				ADDRESS			
CHY-ST-ZIP	<del></del>	DELETE	5.4 CITY	S1-7IP		По	The state of
AULE	•	E) bettie	6.1 TITLE			Change	Addition
NAME			6.2 NAME				1
STREET ADDRESS			6.3 STREE	1 ADDRESS			ļ
CITY-ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.4 CHY-5	S1 · ZIP			

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 early; 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.