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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J36438**

(6)

Mailing Address

SWEDISH IMPORTS REPAIR AND SERVICE, INC.

4748 NE 12TH AVE. FORT LAUDERDALE FL 33334		4748 NE 12TH AVE. FORT LAUDERDALE FL 33334-4802			. :			
					3. Date Incorporated or Qualified 10/06/1986 3a. Date of Last Report 03/22/1996			eport
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number Applied For 59-2714564 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip 29	Country 30	y		Yes [] No	. 199.032,
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Re	pistered /	-gent	
	SANO, RALPH		81	Name		•		
1311 NORTHEAST 46TH STREET FORT LAUDERDALE FL 33334				<u> </u>	Address (P.O. Box Number is Not Acceptable)			
			83		<u></u>			0-4-
			84	City	* •	FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered ap	gent and title if applicable (No	OTE: Registered Ag	eni signalura requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE.	DIRECTOR	IS IN 12
TITLE	PD	DELETE	1.1 TITLE		700/10/0/0/1/1000 10 0/1/0		Change	Addition
NAME	BASSANO, RALPH	hand	1.2 NAME		•		•	
STREET ADDRESS	1311 NE 48TH STREET		13 STREE	T ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 C/TY+	ST-ZIP				
1)TLE	SD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	BASSANO, DOROTHY		22 NAME					
STREET ADDRESS	1311 NE 46TH STREET		2.3 STREE	T ADORESS		4		
CITY - ST - 7IP	FT LAUDERDALE FL	T Artists	2.4 CITY-	-ST-ZIP	.4	37 -	Change	Addition
HIL€		DELETE	3.1 TITLE				- Olloning	Las Municipi
NAME			3.2 NAME	T ADORESS				
STREET ADDRESS CITY+S1-7IP			3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAM	į į				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY - ST - ZIP			4.4 CITY-	ST-ZIP				····
TITLE		☐ DELETE	5.1 TITLE	l			L Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				ET ADORESS				
CITY-ST-2IF		T STIFTE	5.4 CITY-				Change	Addition
TITLE		☐ DELETE	6.1 TITLE				FT CHRINGS	Last Addition
NAME			6.2 NAME	- 1				
STREET ADORESS			6.3 STREE	ET ADDRESS				

6.4 CITY - ST - ZIP

14. I 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 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.

FILED

Feb 18 1997 8:00am

Secretary of State