

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

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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J66610 (3)

1. Corporation Name
SINCLAIR REPAIR, INC.

Principal Place of Business
4200 S. E. 140TH AVENUE
OKEECHOBEE FL 34974

Mailing Address
4200 S. E. 140TH AVENUE
OKEECHOBEE FL 34974-1040



3. Date Incorporated or Qualified 04/06/1987
3a. Date of Last Report 05/01/1996

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 65-0027146 | | Applied For | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | | | 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 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SINCLAIR, BRYAN 4200 S.E. 140TH AVE OKEECHOBEE FL 34974 | | | | 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. 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 | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | P | <input type="checkbox"/> DELETE | | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SINCLAIR, BRYAN | | | 12 NAME | | | |
| STREET ADDRESS | 4200 SE 140TH | | | 13 STREET ADDRESS | | | |
| CITY-ST-ZIP | OKEECHOBEE FL | | | 14 CITY-ST-ZIP | | | |
| TITLE | VT | <input type="checkbox"/> DELETE | | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SINCLAIR, CATHERINE | | | 22 NAME | | | |
| STREET ADDRESS | 4200 S.E. 140TH AVE | | | 23 STREET ADDRESS | | | |
| CITY-ST-ZIP | OKEECHOBEE FL | | | 24 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 32 NAME | | | |
| STREET ADDRESS | | | | 33 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 34 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 42 NAME | | | |
| STREET ADDRESS | | | | 43 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 44 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 52 NAME | | | |
| STREET ADDRESS | | | | 53 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 54 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 62 NAME | | | |
| STREET ADDRESS | | | | 63 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 64 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.

SIGNATURE: BRYAN SINCLAIR 4-31-97 941-4678202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)