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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J69218 (2)  1. Corporation Name  MIAMI EQUIPMENT REPAIR & SERVICES, INC.														
Principal Place of Business Mailing Address									7	1 INGIPE DAIS DELIG TOUR PLOOF SIDE A	OH BING ON	II AIAN AIAN		01011 (BB)
1827 N.W. 36TH \$TREET 1927 NW 36 STREET														
MIAMI FL 33142 MIAMI FL 33142														
US									DO NOT WRITE IN THIS SPACE					
										Date Incorporated or Qualified				
9	Principal P	lac <b>e of</b> Busi	ness	2a Ma	2a. Mailing Address				<b>04/24/1987</b> El Number	· · · · ·		4	Cad Fac	
21	rinopari	, , , , , , , , , , , , , , , , , , , ,			26				<b>-</b>	59-2799263				lied For Applicable
	Suite, Apt.	Apt. #, etc.			Suite. Apt. #, etc.				+					ditional
22				27	27				<b>5</b> . C	Certificate of Status Desired		4		ulred
	City & State			Cit	City & State				6. E	lection Campaign Financing		\$5.0	D N	fav Be
23					28				1	rust Fund Contribution				Fees
_	Zip	Country		Zφ	Zip		Country		B. TI	his corporation owes or has p			Intar	ngible
24			25	29		30				ersonal Property Tax due June		Yes		No
			and Address of Curr	ent Registere	d Agent	8	41	A1	10. N	lame and Address of New Re	gistered	Agent		
		unkett, p				9	'	Name						
1927 NW 36 STREET MAMI FL 33142				82 Street Add			ess (P.O	). Box Number is Not Acceptal	ble)					
						8	3							
						8		City			FL	<b>-</b>	р Сс	
11.	Pursuant t office or re agent. I ar	to the provis egistered ag m familiar w	sions of Sections 607.0 gent, or both, in the Sta lith, and accept the obl	502 and 607.1 te of Florida. S igations of, Se	ites, the abo authorized l lorida Statul	vo- by 1 es.	-named corp the corporati	oration s ion's boa	submits this statement for the part of directors. I hereby acce	ourpose ( pt the ap	of changing pointment	g its as re	registered egistered	
SIC	ANATURE .	Standture types	J or printed name of registered a	uent and tite if an	Leable (NC	TE: Registered A	oen!		ed when rei	instalingt	DATE			
12. OFFICERS AND DIRI							ognizate region		DITIONS/CHANGES TO OFFIC		D DIRECT	ORS	IN 12	
TITL	E PD		☐ DELETE		1.1 TITLE	1.1 TITLE					Chang		Addition	
NAN	ME PLUNKETT, PAUL E.					1.2 NAME								
STR	TREET ADDRESS 10010 NW 79TH AVE.					1.3 STREET ADDRESS								
		<u>HI</u> ALEA	H FL			1.4 City	- 51-	- ZIP						
TITLE		VO			DELETE	2.1 TITLE						☐ Chang	e	Addition
NAM	NAME PLUNKETT, MARY MARGARET		RET			2.2 NAME								
STREET ADDRESS 10010 NW 79TH AVE.						ADDRESS .								
CITY-ST-ZIP HIALEAH FL		H FL			2. 4 CITY		- ZIP		·					
TITL		STD	I I ADTAI		( ) DELETE	3.1 TITLE		Í		-	•	L Change	e	☐ Addition
	NAME POWER, KAREN STREET ADDRESS 10010 NW 79TH AVE.					3.2 NAME								
	EET ADDRESS	HIALEA				3.3 STRE								
TITL	'-ST-ZIP	HIALEA	11 I'L		DELETE	3.4 CITY 4.1 TITLE		- ZIP				Change		☐ Addition
NAN					□ occur.								C	radilion
	EET ADDRESS					4. 2 NAM 4.3 STREI		DDDEEC						
	-ST-ZIP					B .		1						
TITL		<del></del>	***************************************		DELETE	4.4 CITY - 5.1 TITLE		- £ 15				Change	e	Addition
NAN						5.2 NAME								
	EET ADORESS					53 STREE		DDRESS						
	-ST-ZIP					5.4 CITY-								j
TITU	<del>~</del>		<del></del>		DELETE	61 117LE	-					Change	e	Addition
NAM	lE					6.2 NAME								
STR	ET ADORESS					6.3 STREE	ET AI	DDRESS						
CITY	-ST-7IP					64 CITY	ST.	.7IP						

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.

**FILED** 

Apr 27 1998 8:00am

Secretary of State