## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

SIGNATURE:

K28810

(5)

HANK'S REPAIR, INC.					
Principal Place of Business Mailing Address  * HENRY A. LANDWEHR 3511 N. 66TH AVE HOLLYWOOD FL 33024  * HOLLYWOOD FL 33024					
				3. Date incorporated or Qualified 07/13/1988	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		65-0058986	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired	See Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes Yes	
	9 Name and Address of Currer	nt Registered Agent	B1 Name	10. Name and Address of New R	agistered Agent
3511 N	ehr, Henry L . 68th ave Wood FL 33024		82 Street Addre 83 84 City	ess (P.O. Box Number is Not Acceptab	FL 85 Zip Code
or registere familiar with SIGNATURE	d agent, or both, in the State of Flori t, and accept the obligations of, Sec signature, typed or printed name of registered agen	da. Such change was authorize lion 607.0505, Florida Statutes.	s, the above-named corpor. d by the corporation's boar  E. Registered Agent signature required.  13.	ation submits this statement for the pur d of directors. I hereby accept the appoint swhen reinstating: ADDITIONS/CHANGES TO OFFI	Antment as registered agent. 1 am
TITLE	PD	☐ DELETE	1. 1 TITLE		Change Addition
NAME	LANDWEHR, HENRY A.		1.2 NAME		
STREET ADDRESS	3511 N. 66TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
1ITLE	VD	☐ DELETE	2. 1 TITLE		Change Addition
NAME	LANDWEHR, SHERYL		2 2 NAME		,
STREFT ADDRESS	3511 N. 66TH AVE. HOLLYWOOD FL		2 3 STREET ADDRESS 2 4 City-St-Zip		
CITY-ST-ZIP TITLE	HOLLIWOOD FL	☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CHTY-ST-ZIP			3 4 CHTY-ST-ZIP		
TITLE		☐ DELETE	4 1 TiTLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY - ST - ZIP		☐ DELE¹E	4.4 CITY-ST-ZIP		Change Addition
TITLE		□ nere₁e	5 1 TITLE 5.2 NAME		C Suprifice C Monthly I
NAME CIDECT ADORECS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - ST - ZIP		
TITLE		☐ DELE™E	6 1 7(TLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
certify that oath: that I	the information indicated on this and	iual report or supplemental annu oration or the receiver or trustee	al report is true and accura empowered to execute thi	or the exemption stated in Section 119, ite and that my signature shall have the s report as required by Chapter 607, Fi	same legal effect as if made under