

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 12 PM 10: 22

**DOCUMENT # K29989 (6)**

1. Corporation Name  
**MEDICAL REPAIR SERVICES, INC.**

Principal Place of Business Mailing Address  
**% STUART H. BASSINE  
4470 HANCOCK BRIDGE PKWY  
NORTH FORT MYERS FL 33903**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/25/1988** 3a. Date of Last Report **03/18/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **1432 Viscaya Pkwy** 26 **1432 Viscaya Pkwy.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **FL** 27 **FL**  
City & State City & State  
23 **Cape Coral FL** 28 **Cape Coral FL**  
Zip Country Zip Country  
24 **33990** 25 **USA** 29 **33990** 30 **USA**

4. FEI Number **65-0062135** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.002, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BASSINE, STUART H.  
836 S.E. 9TH TERRACE  
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**1432 Viscaya Pkwy**  
B3  
B4 City **Cape Coral** FL B5 Zip Code **33990**

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 *Stuart H. Bassine*

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BASSINE, STUART H.</b>
STREET ADDRESS	<b>1800 MARINA CIRCLE</b>
CITY, ST, ZIP	<b>N. FORT MYERS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information indicated on the original report or supplementary 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:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date