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PROFIT
 CORPORATION
 ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

K29989

MEDICAL REPAIR SERVICES, INC.

Fring par Place of Business

Mailing Address

FILED May 07 1997 8:00am Secretary of State

	15 TH, A, FL. 33	AVE	SA	ME	3. Date Incorporated or Qualified	36. Date of Last	t Report
THE CORP	n, FL. 3	3990			7/25/AF	199	6
. Principal Dake of Bu		2a. Mailing Addres	55		4. FEI Number		Applied For
L		26			65-0062-135		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, el	tc		5. Certificate of Status Desired	11 ''	Additional Required
Ony & State		City & State			Election Campaign Financing Trust Fund Contribution		May Be
 Zip	Country 25	Zip 29	30	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under Yes 🏻 No	r s. 199.032,
9. Nar	ne and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	istered Agent	
				81 Name			
STUART	BASSII	46		62 Street	Address (P.O. Box Number is Not Acceptable	e)	
	MARINA						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CONTRACTOR	C11600		63			
N.FT.	MYERS,	FL. 33903	}	B4 City		FL 85 Zij	p Code
L. Pursua dito Cerom	visions of Sections 607	0502 and 607 1508. Florida	Statutes It	ne above-named	corporation submits this statement for the pu	recent of changing	its registere
- office or registered - agent - am familiar	agent or both, in the S with and accept the of	State of Florida. Such change Ibligations of, Section 607.05	e was autho i05, Florida	orized by the corp Statutes.	poration's board of directors. I hereby accep	t the appointment a	as registered
STANCUR!							
	old or pinited name of registero		(NOTE Regi	istered Agent signature	o required when re-instating)	DATE	
	OFFICERS	AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	EDS AND DIDECTO	3DC IN 12
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and are discovered by the samual 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 tarn are off ser 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STVART BASSINE 4/28/97 941/772-2616