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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K53773 VIC-WILL-FIX-IT, INC.	(3)
Principat Place of Business	Mailing Address
C/O VICTOR BRUDENELL 1712 POINSETTIA DRIVE FT. LAUDERDALE FL 33305	C/O VICTOR BRUDENELL 1712 POINSETTIA DRIVE FT. LAUDERDALE FL 33305-3247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 07 1997 8:00am
Secretary of State



Date

Daytime Phone #

Principal Place of Business	Mailing Address		· ·		
C/O VICTOR BRUDENELL 1712 POINSETTIA DRIVE FT. LAUDERDALE FL 33305	C/O VICTOR BRUDENEL 1712 POINSETTIA DRIVE FT. LAUDERDALE FL 33				
1. ENODERDALE TE 40000	TT. ENGLISHED TE W		3. Date Incorporated or Qualified 12/27/1988	3a. Date of Last 6 07/03/1996	Report
Principal Place of Business	2a. Mailing Address		4. FEI Number	A	pplied For
	26		65-0090140	N	lot Applicabl
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional lequired
City & State	City & State		6. Election Campaign Financing		May Be
	28	1	Trust Fund Contribution		to Fees
Zip Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under : Yes No	s. 199.032.
9. Name and Address of Ci	urrent Registered Agent		10. Name and Address of New Re	egistered Agent	
BRUDENELL, VICTOR		81 Name			
1712 POINSETTIA AVENUE FT. LAUDERDALE FL 33305	•	82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
FI. DAUDENDALE FE 99909		83			
		04 03	· · · · · · · · · · · · · · · · · · ·		0-4-
		84 City		FL 85 Zip	Code
Pursuant to the provisions of Sections 607	7.0502 and 607.1508, Florida Stati	utes, the above-named cor	poration submits this statement for the	purpose of changing	its registere
office or registered agent, or both, in the sagent. I am familiar with, and accept the	obligations of, Section 607.0505, I	s authorized by the corpora Florida Statutes.	ation's board of directors, I hereby acce	pt the appointment as	s registered
	and anent and title if anchosble (No	TF: Registered Agent stonature rem	gred when reinstation)	DATE	
Superfuse, typed or printed name of register	red agent and title if applicable. (No SIAND DIRECTORS	OTE: Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	RS IN 12
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