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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K7388

(6)

FILED May 06 1998 8:00am Secretary of State

	EQUIPMENT REPAIR, INC).			
Principal Plac	e of Business	Mailing Address	и	T SANTARUS MET ARMAN SISTA SANTA SANTA SANTA SISTA SISTA SISTA SANTA	tal dindi: minil ninil giral ninil 1681
% Bruce 8. Riley 2317 Bayyiew avenue Panama City Fl. 32405		% BRUCE S. RILEY 2317 BAYVIEW AVENUE PANAMA CITY FL 32405		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
			<u></u>	03/20/1989	
—	Place of Business	2e. Mailing Address		4. FEI Number	Applied For
21		26		59-2940957	Not Applicable
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8,75 Additional
22		[27]			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T	Trust Fund Contribution	Added to Fees
Zip Ti	Country	Zφ	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	rent Registered Agent	641	10. Name and Address of New Registe	erea Agent
	LEY, BRUCE S.		61 Name		
23	317 BAYVIEW AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
P/	NNAMA CITY FL 32405				
			83		
			84 City		85 Zip Code
			City		FL 85 Zip Code
	Asset a laboration of the second second second				
agent. I a SIGNATURE	im familiar with, and accept the ob-	ligations of, Section 607,0505, Flo	orida Statules. E. Registered Agent signature requ	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	ATE
agent. I a	Signature, typed or printed name of registered	ligations of, Section 607,0505, Flo	orida Statutes.		ATE
agent. I a SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOT	orida Statutes. E: Registered Agent signature requ	ulred when reinstating) DA	ATE
agent. 1 a SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS A	agent and tille it applicable (NOTI	orida Statutes. E: Registered Agent signature requ 13.	ulred when reinstating) DA	ATE AND DIRECTORS IN 12
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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.

SIGNATURE:

suce & Kley BRUCE & RILE

4/25/98

850763-1771