## 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

(9)

DOCUMENT #

1. Corporation Name ALLIED REPAIRS, INC.

Principal Place of Business

Mailing Address

JEFFREY A. SARROW 300 S. PINE ISLAND ROAD PLANTATION FL 33324-9619 JEFFREY A. SARROW 300 S. PINE ISLAND ROAD PLANTATION FL 33324-9619



3. Date Incorporated or Qualified 04/10/1989

3a. Date of Last Report

04/04/1995

					4, FEI Number		A	pplied For
Principal Place	of Business	2a. Mailing Address			65-0108588			lot Applicable
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
•		27			6. Election Campaign Financing		\$5.00	May Be
City & State City & State					Trust Fund Contribution		4	to Fees
		28 Zin	Country		8. This corporation has liability for	r intarigible tax	under s	199.032,
Zip	Country Zip 25 29 34		30		Florida Statutes			
	9. Name and Address of Currer				10. Name and Address of New	Registered A	gent	
	g. Name and Addition		81	Name				
SARROW, JËFFREY A. 300 S PINE ISLAND ROAD SUITE 304				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
PLANTATION FL 33324-9619			84	City		FL	85 Zig	p Code
. Pursuant to or registered	the provisions of Sections 607.050 d agent, or both, in the State of Flor , and accept the obligations of, Sec	2 and 607.1508, Florida Statu ida, Such change was authori tion 607.0505, Florida Statute	ized by the corp es.	poration's boar	ation submits this statement for the production of directors. I hereby accept the ap	as merntnicac	registered	ragent. i am
			NOTE Registered Age	ort signature t-Quit(i)	d when reinstating)	DATE		
S	Ignature, typed or printed name of registered ager		13.	TK Og IS CO	ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	ORS IN 12
2	OFFICERS AI	ND DIRECTORS	1 1 TITLE			[	Change	Additio
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			6.2 NA	ME				
NAME CENTER ADDRESS			6.3 \$1	REET ADDRESS				
STREET ADDRESS				Y-S1-71P	y for the exemption stated in Section urate and that my signature shall have	110 07/31/61	Iorida Sta	atutes I turth
	by certify that the information supplied the information indicated on this a							

certify that the information indicated on this annual report of supplemental airctained oath; that I am an officer or director of the corporation or the receiver or trustee emplears in Block 12 or Block 13 if changed, or on an attachment with an address.