

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 25 AM 8:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L39331

(8)

1. Corporation Name

EXPRESS CIRCUIT BOARD REPAIR INC.

Principal Place of Business

6800 SW 21 COURT
SUITE 7
DAVIE FL 33317
US

Mailing Address

10250 NW 80 CT
APT 605
HIALEAH GARDENS FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1989

3a. Date of Last Report

06/24/1994

4. FEI Number

65-0164624

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

JOHNSON, JAMES R.
10250 NW 80 COURT, APT 605
HIALEAH GARDENS FL 33317

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

(Signature, typed or printed name of registered agent and his or her agent)

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST, ZIP

PD
JOHNSON, JAMES R.
2290 ATLANTA
FT. LAUDERDALE FL

11.5 TITLE

11.6 NAME

11.7 STREET ADDRESS

11.8 CITY, ST, ZIP

11.9 TITLE

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY, ST, ZIP

11.13 TITLE

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY, ST, ZIP

11.17 TITLE

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY, ST, ZIP

11.21 TITLE

11.22 NAME

11.23 STREET ADDRESS

11.24 CITY, ST, ZIP

11.25 TITLE

11.26 NAME

11.27 STREET ADDRESS

11.28 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information 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:

James R. Johnson
James Johnson

7/21/95

305 876 2386