## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L40867** 

(8)

DAHMS REPAIR SERVICE, INC.

Principal Place of Business Mailing Address 402 N. BEACH STREET 402 N. BEACH STREET DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114-3306 3. Date Incorporated or Qualified 3a. Date of Last Report 01/03/1990 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2996720 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Lyes \( \subseteq \text{No} \) No Country Zιρ Country 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAHMS, MARTIN 402 N. BEACH STREET 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 83 84 Zip Code City 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 Storiation, typed or per too caree of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. PD DELETE Change 1:111 1.1 TITLE DAHMS, MARTIN 1.2 NAME NAME 744 S RIDGEWOOD AVE STREET ADDRESS

1.3 STREET ADDRESS ORMOND BEACH FL 1.4 CITY-ST-ZIP CITY-51-20 DELETE Change Addition 2.1 TITLE THLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS O'17 - ST - 76' 2 4 CITY-ST-ZIP DELETE Change Addition HILE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-SI 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7-HL.F DELETE 5 1 TITLE Change Addition 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS CHY-\$1-7 P 5.4 CITY - ST - ZIP DELETE 6.1 THILE Change Addition HILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADJIRESS CiTY+ST-ZiP 6.4 CITY - \$1 - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

May 09 1997 8:00am

Secretary of State