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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

L52819

DOCUMENT # CURT'S AIR REPAIR, INC. Principal Place of Business Mailing Address 10120 NW 21ST COURT C/O CURT RICHARDSON 7790 NW 33RD ST. 10120 NW 21 COURT PEMBROKE PINES FL 33026-1804 PEMBROKE PINES FL 33026 3. Date Incorporated or Qualified 3a. Date of Last Report 02/22/1990 04/12/1996 Applied For 2. Principal Frace of Business 2a. Mailing Address 4. FEI Number 65-0193786 Not Applicable 26 Suite. Apt. #. etc. Suite, Ant. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zic Country ZipThis corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes \in \text{No} No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RICHARDSON, CURT 10120 NW 21 COURT 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33026 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signative ityped or printed native of registered agent and title if applicable (NOTE: Flogistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) Change Addition TILLE DELETE 1.1 TITLE RICHARDSON, CURT NAME 1.2 NAME 10120 NW 21 COURT STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 1.4 C(1) Y-ST-ZIP CITY - \$1 - 20F DELETE Change Addition TILLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - \$1 - ZiP DELETE Change Addition TOLE 3.1 7171.8 NAME 3 2 NAME 33 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 3.4. C/TY - ST - Z/P Addition DELETE Change 41 TITLE THE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ACORESS 011Y-\$1-7-P 4.4 City-ST-ZIP DELETE Change Addition 5.1 TITLE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - \$1 - 20° DELETE 61 TITLE Change Addition THEF NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CHY-51-70 14. I do hereby certily 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 granged for on an attachment with an address.

SIGNATURE:

Fan an officer or director of appears in Block 12 or Block

CURT RICHARDSON

Presocut 2-18-57 554-437-7602

FILED

Feb 24 1997 8:00am

Secretary of State