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PROFIT CORPORATION ANN JAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katheriue Harris

Secretar / of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

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1. Corporation Name

CURT'S AIR REPAIR, INC.

Principal Place	e of Business	Mailing Address				1 744.74				
		C/O CURT RICHARDSON								
7790 NW 33RI) ST. 10120 NW 21 COURT		100 0				DO NOT WRITE IN THIS SP				
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 US US		U26			3. Date Incorpor			EIN THIS SPACE		
03						02/22/199		, 		
2. Principal 3	lace of Business	2a. Maiting Address				4. FEI Nur ber			⊢	plied For
21		26				65-019378	<u> </u>			t Applicable
Suite, Ap:.	#, etc.	Suite, Apt. #, etc.				5. Certifcale of S	Status Desired		\$8.75 ₋	1
22		27			_				Fee Re	<u> </u>
City & State	е	City & State				6. Election Cam				May Be
23		28				Trust Fund Co			Added t	o Fees
Zip	Count y	Zip		ountry		8. This corporati		rent year lui		Elu-
24	25	29	30			Personal Pro		Daniet		[]No
	9. Name and Address of Curr	ent Registered Agent_		81	Name	10. Name and A	daress of New	Registered	Agent	
BIC:H	IARDSON, CURT			"	Name					
	NW 21 COURT			82	Street	Address (P.O. Box Numb	er is Not Accept	table)		
,	BROKE PINES FL 33026			22						
L [7,41]	BROKE I HALO I E 00020			83						
				84	City			FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.09	502 and 607 1508. Florida Stat	utes, the	above	-named	co poration submit; this	statement for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the Stat	te of Florida. Such change was	euthorize	ed by t	he corno	oration's board of director	rs. I hereby acce	ept the appo	intment as re	gistered
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 eath; 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 changes, or on an attackment with an address, with all other like empowered.

SIGNATURE: