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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90110 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L58722**

1. Corporation Name
MEDICAL ELECTRICAL REPAIRS, INC.



Principal Place of Business
 906 A W CENTRAL BLVD
 ORLANDO FL 32805

Mailing Address
 906 A W CENTRAL BLVD
 ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **2606 Rangeley Ct.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **2606 Rangeley Ct.**
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
03/19/1990

4. FEI Number
59-3011240

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 **Orlando, Florida**
 City & State

28 **Orlando, Florida**
 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **32835** 25 **U.S.A.**
 Zip Country

29 **32835** 30 **U.S.A.**
 Zip Country

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHILDER, JAMES R
2606 RANGLEY CT.
ORLANDO FL 32835

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDERS, DOVIE	12 NAME	
STREET ADDRESS	2810 SUNSET RD	13 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	14 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDERS, JAMES R.	22 NAME	
STREET ADDRESS	2606 RANGELEY CT.	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *James R. Childers* **JAMES R. Childers**

4-22-99

(407) 292-4773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)