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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M65373 (6)

1. Corporation Name
BUDGET REPAIRS INC.

Principal Place of Business
1806 N E 27 ST
FT LAUDERDALE FL 33306-1314
US

Mailing Address
1806 N E 27 ST
FT LAUDERDALE FL 33306-1314
US



3. Date Incorporated or Qualified 01/15/1988
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 2133 NE 9th AVE
Suite, Apt. #, etc. #1
22 City & State WILTON MANORS, FL
Zip 33305 Country BROWARD
23 Mailing Address
26 4500 N DIXIE Hwy
Suite, Apt. #, etc. #412C
27 City & State OAKLAND PARK, FL
Zip 33334 Country BROWARD

4. FEI Number 65-0028965
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, RALPH E.
1806 NE 27TH ST
FT. LAUDERDALE FL 33306

81 Name JOHNSON, RALPH E
82 Street Address (P.O. Box Number is Not Acceptable) 2133 NE 9th AVE
83 #1
84 City WILTON MANORS FL 85 Zip Code 33305

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	JOHNSON, RALPH E.	1.2 NAME	JOHNSON, RALPH E
STREET ADDRESS	1806 NE 27TH ST	1.3 STREET ADDRESS	2133 NE 9th AVE #1
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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

April 29, 1997 (954) 563-3319

CR2E034 (9/96)