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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001498 (5)**

1. Corporation Name

**PROFESSIONAL REPAIR INDUSTRY DIAGNOSTIC EXPERTS
OF AMERICA, INC.**

Principal Place of Business

Mailing Address

**537 PARK STREET
JACKSONVILLE FL 32204
US**

**537 PARK STREET
JACKSONVILLE FL 32204-2830
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1993		3a. Date of Last Report 03/07/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3167421		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to P	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BAKER, STAN
537 PARK STREET
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81	Name	Mr. Hugh Gunter	
82	Street Address (P.O. Box Number is Not Acceptable)	537 PARK ST.	
83			
84	City	Jacksonville	FL 85 Zip Code 32204

11. Pursuant to the provisions of Sections 617.07(2) and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Hugh Gunter
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-4-97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, STAN	1.2 NAME	
STREET ADDRESS	3239 RICKY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGH, GUNTER	2.2 NAME	
STREET ADDRESS	3007 MARANATHA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIP, PARMAN	3.2 NAME	
STREET ADDRESS	2825 MAYPORT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRAN, MIKE	4.2 NAME	
STREET ADDRESS	5552 BEACH BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARK	5.2 NAME	
STREET ADDRESS	9962 SAN JOSE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIELY, ED	6.2 NAME	
STREET ADDRESS	2572 SPREADING OAK LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

Stan Baker
Signature, typed or printed name of registered agent and title if applicable

CR2E037 (9/96)