## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N93000001498 (5)

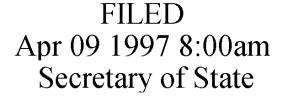
PROFESSIONAL REPAIR INDUSTRY DIAGNOSTIC EXPERTS OF AMERICA, INC.

Principal Place of Business

Mailing Address

37 PARK STREET ACKSONVILLE FL 32204

537 PARK STREET JACKSONVILLE FL 32204-2830





i -			•			<ol> <li>Date Incorporated or Qualified 04/01/1993</li> </ol>	3a. Date of Last 6 03/07/199		
2. Principal Place of Business 21			2a. Mailing Address			4. FEI Number 59-3167421	<del> </del>	applied For lot Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	CR 75 Additional		
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , ,		
Zip 24		Country 25	Zip 29	Zip Country		,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
BAKER, STAN 537 RAPK STREET JACKSONVILLE FL 32204					3 3 3 B3				
11. Pursuant to the provisions of Sections 617,002 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or body in the 3.004 million submits this statement for the purpose of changing its registered office or registered agent, or body in the 3.004 million submits this statement for the purpose of changing its registered agent. I am familiar with a deept thursting light of Section 617.0503, Florida Statutes.  SIGNATURE  Signature required when remsaling)  DATE									
12.	Signature, types	OFFICERS AND		13.	Agent signature i	required when reinstating) ADDITIONS/CHANGES TO OFFILE	DATE	DC IN 10	
TITLE	PD		DELETE	1.1 Tale		ADDITIONS/OFFARGES TO OFFI	Change	Addition	
NAME		MALER ATAL		1.2 NAM	ì		Onungo	1,00,101	
STREET ADDRESS	3239 RICK			1.3 \$7				3	
CITY-ST-ZIP	JACKSON				r-ST-ZIP			) u	
TITLE	VD	<u></u>	DELETE				Change	Addition C	
NAME	HUGH, GL	INTER		2.2 NAN	re l			_	
STREET ADDRESS 3007 MARANATHA DRIVE				2.3 STF					
MIDDLEBURG FL				2. 4 CIT	Y-ST-ZIP	•	5 <sub>15</sub> •	Ì	
TITLE	VD		DELETE	3.1 TITL	E		☐ Change	Addition	
NAME	CHIP, PAR			3.2 NA				ļ	
STREET ADDRESS 2825 MAYPORT ROAD				3.3 ST					
CITY-ST-ZIP ATLANTIC BEACH FL					Y · ST - ZIP		·		
TITLE	STD	. 216.20 <del>0</del>	☐ DELETE				☐ Change	Addition	
NAME	FERRAN, I			4. 2 NAME					
STREET ADDRESS	ALTERNATION OF THE PROPERTY OF			4.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		VILLE FL	DELETE		-ST-ZIP				
· · · · · · · · · · · · · · · · · · ·	TD   MILLER, MARK			5.1 TITLE			∟ Change	Addition	
				5.2 NAME				1	
I A A SA				5.3 STREET ADDRESS				1	
CITY-ST-ZIP TITLE	D	TILLE FL	DELETE.	5.4 CITY 6.1 TITU	-ST-ZIP		Channa	Addition	
NAME	KIELY, ED		DELEVE		1		☐ Change	Addition	
STREET ADDRESS 2572 SPREADING OAK LANE				6.2 NAME				}	
CITY-ST-ZIP	JACKSON'			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP					
			with this filing does not qualif	v for the e	-SI-ZIP remption sta	ated in Section 119 07(3)(i) Florida Statute	s. I further certify that	the	
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 eath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name									