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FILED
May 16 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 # P93000026851 (4)

1. Corporation Name
REPAIR TECHNOLOGIES, INC.

Principal Place of Business
15056 ECKERLEY DR.
BROOKSVILLE FL 34614

Mailing Address
15056 ECKERLEY DR.
BROOKSVILLE FL 34614-1400



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified
04/09/1993

3a. Date of Last Report
08/15/1996

4. FEI Number
59-3181900

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

MURCHIO, ANTHONY J
15056 ECKERLEY DR.
BROOKSVILLE FL 34614

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

P
NAME
MURCHIO, ANTHONY J.
STREET ADDRESS
15056 ECKERLEY DRIVE
CITY-ST-ZIP
BROOKSVILLE FL

DELETE

1.2 NAME

VP
NAME
HOPE, KENNETH H. J.
STREET ADDRESS
15056 ECKERLEY DRIVE
CITY-ST-ZIP
BROOKSVILLE FL

DELETE

1.3 TITLE

S
NAME
MURCHIO, MARGO L.
STREET ADDRESS
15056 ECKERLEY DRIVE
CITY-ST-ZIP
BROOKSVILLE FL

DELETE

1.4 TITLE

T
NAME
STRICKER, JOIE A.
STREET ADDRESS
15056 ECKERLEY DRIVE
CITY-ST-ZIP
BROOKSVILLE FL

DELETE

1.5 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.6 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

0
Cheryl Cravener
15056 Eckerley Dr
Brooksville, FL 34614

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 REQUIRED

25 Apr 97

813-869-3067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0480036

CR2E034 (9/96)