FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

45NT # D02000077

DOCUMENT # P93000077424 (8)

D & H PRECISION REPAIR, INC.

1791 N. DIXIE HWY. POMPANO BEACH FL 33060

Principal Place of Business

Mailing Address

1791 N. DIXIE HWY, POMPANO BEACH FL 33060



						 Date Incorporated or Qualified 11/03/1993 	3s. Dat	of Last 04/25 /			
	Place of Business	2a. Mailing Address				4. FEI Number			Applied For		
21					65-0451051		Not Applicable				
Suite. Ap [22]		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
Oity & St 23	ate	City & State	 -			6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Fees					
Zφ	Country	Zip	Count	у		8. This corporation has liability fo	r intangible t				
24	25	29	30				s 🔲 No	2. 000.	7700.002,		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
			8	Nam	е						
Grundler, Helmut					82 Street Address (P.O. Box Number is Not Acceptable)						
1791 N. DIXIE HWY.					82 Street Address (P.O. Box Number is Not Acceptable)						
PON	8	3									
			8	City			E 1	85	Zip Code		
11. Parsaar	nt to the provisions of Sections 607,0502	2 and 607 1508 Florida Sta	itutes the above	named	cornoral	tion submits this statement for the s	F L	• <u> </u>			
familär SIGNATURE	tered agent, or both, in the State of Flori with, and accept the obligations of, Sect Stanton, spred or photoch many of regishing agen	tion 607.0505, Florida State	Ites.				DATE	registere	ou agent. t am		
12.		ID DIRECTORS	13.	ugruio	o required t	ADDITIONS/CHANGES TO OF		DIDECT	OPC IN 12		
TIL.F	P	☐ DELETE	1. 1 TITLE			ADDITIONS OF IANGES TO OF		Change			
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CHY-ST-ZIP	POMPANO BEACH FL 330	60			`						
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NAM!			6 1 TITLE				Ĺ	Change	Addition .		
	. [62 NAME								
STREET ADDRESS	>		P	T ADDRES	;				{		
CITY-S1-ZIF	<u> </u>		64 CITY-	ST-ZIP		the exemption stated in Section 119					

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 12 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 Date

(305) 784-6722