

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000086365 (2)

1. Corporation Name

REPAIRS UNLIMITED OF FLORIDA, INC.



Principal Place of Business

4900 W ATLANTIC BLVD
MARGATE FL 33063

Mailing Address

4900 W ATLANTIC BLVD
MARGATE FL 33063

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

9. Name and Address of Current Registered Agent

TISONY, JAMES D
4833 NW 98TH WAY
CORAL SPRINGS FL 33076

3. Date Incorporated or Qualified
12/17/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0454605

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

10. Name and Address of New Registered Agent

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 607.1504, 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 of person to be registered as agent or director

Signature of person to be registered as agent or director

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PSD	☐ DELETE
2. NAME	TISONY, DIANE M	
3. STREET ADDRESS	4900 W ATLANTIC BLVD	
4. CITY, ST, ZIP	MARGATE FL	
5. TITLE	VD	☐ DELETE
6. NAME	TISONY, JAMES D.	
7. STREET ADDRESS	4900 WEST ATLANTIC BLVD #6	
8. CITY, ST, ZIP	MARGATE FL	
9. TITLE	TD	☐ DELETE
10. NAME	WALSH, DAVID E	
11. STREET ADDRESS	4900 WEST ATLANTIC BLVD #6	
12. CITY, ST, ZIP	MARGATE FL	
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied within this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, s.a.m., 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 it makes under oath, that I am an officer or director of the corporation or the officer 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 in change, or as an agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. TISONY

4/16/96

954-973-3752

CR2E034 (12/95)