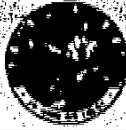


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY - 21 AM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088749 (5)

1. Corporation Name
JAG REPAIRS, INC.

Principal Place of Business
**2461 N.W. 95TH AVE.
CORAL SPRINGS FL 33065**

Mailing Address
**2461 N.W. 95TH AVE.
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified) **12/20/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 25. City & State 29. City & State 30. City & State

4. FEI Number **65-0459556** 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 elected not to register its officers & directors Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVINE, BARBARA
2461 N.W. 95TH AVE.
CORAL SPRINGS FL 33065**

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 607.0503 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of its principal place of business, 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

(Print Name of Registered Agent or Registered Agent's Firm)

(Print Name of Agent Registered or Registered Agent's Firm)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER
NAME **VSD
LEVINE, BARBARA
2461 N.W. 95TH AVE.
CORAL SPRINGS FL 33065**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST. ZIP Change Addition

OFFICER
NAME **PTD
LEVINE, MITCHELL
2461 N.W. 95TH AVE.
CORAL SPRINGS FL 33065**

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST. ZIP Change Addition

OFFICER
NAME
STREET ADDRESS
CITY, ST. ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST. ZIP Change Addition

OFFICER
NAME
STREET ADDRESS
CITY, ST. ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST. ZIP Change Addition

OFFICER
NAME
STREET ADDRESS
CITY, ST. ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST. ZIP Change Addition

14. I, the undersigned, certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information included 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 on the list of officers, directors, or receivers or trustees of the corporation.

SIGNATURE: *Mitchell Levine* **MITCHELL LEVINE 2/1/95**