

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000011207 (5)**

1. Corporation Name:

SOUTH FLORIDA BEEPER REPAIR, INC.

Principal Place of Business:

**5450 SOUTH STATE ROAD 7
BAY #37
HOLLYWOOD FL 33314**

Mailing Address:

**5450 SOUTH STATE ROAD 7
BAY #37
HOLLYWOOD FL 33314**



3. Date Incorporated or Qualified
02/04/1994

3a. Date of Last Report
07/10/1995

4. FLE Number
65-0470758

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**MILLER, ARTHUR G
3333 HAYES STREET
BAY #37
HOLLYWOOD FL 33021**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

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 607.0602 and 607.1525, 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 607.0625, Florida Statutes.

SIGNATURE

Signature of Corporation Officer or Director with authority to sign

Signature of Registered Agent with authority to sign

Date

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

**MILLER, ARTHUR G
3333 HAYES STREET
HOLLYWOOD FL 33021**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☒ DELETE

NAME

**PIZIO, EDWARD B
9627 NW 48TH STREET
SUNRISE FL 33351**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

**MILLER, RITA
3333 HAYES STREET
HOLLYWOOD FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

☐ Change ☐ Addition

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

797-9787

CR2E034 (12/95)