COF ANNU	PROFIT IPORATION JAL REPORT		Sandra B Secretar	RTMENT OF STATE <b>I. Mortham</b> ry of State CORPORATIONS		5 1998 8: tary of S	
THE FO	DNE REPAIR COMP	ANY, INC. Mail	1620 (9) Iing Address D7 EAST M.L. KING JR MPA FL 33603			THE IN THIS SPACE	
					02/11/1994		
2. Principal P	ace of Business	2a, 1 26	Mailing Address		4. FEI Number 59-3225239		plied For of Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
2 City & State	)	27	City & State		6. Election Campaign Financin	F60 H	equired
3		28			Trust Fund Contribution		
Zip	Country		ζιρ	Country	6. This corporation owes or ha		angible No
4	25 9. Name and Address	of Current Registe		30	Personal Property Tax due 10. Name and Address of New		
	)7 EAST M.L. KING JR. MPA FL 33603			83 84 City	ciress (P.O. Box Number is Not Acce	FL 85 Zip	Code
11. Pursuant office or r agent. I a	MPÅ FL 33603		7. 1508, Florida Statule 1. Such change was a Section 607.0505, Flo	83 84 City	rporation submits this statement for ation's board of directors. I hereby a	FL 85 Zip	
11. Pursuant office or r agent. I a SIGNATURE	WPA FL 33603 o the provisions of Soction gistered agent, or both, in m familiar with, and accept Signance, typed or priminal nanc of r	s 607.0502 and 607 the State of Florida the obligations of t	applicable (NOT	83 84 City es, the above-named co authorized by the corpora orida Statutes.	rporation submits this statement for ation's board of directors. I hereby a puired when reinstating)	FL 85 Zip the purpose of changing it coopt the appointment as	s registered registered
11. Pursuant office or r agent. I a SIGNATURE 12.	WPA FL 33603 o the provisions of Soction agistered agont, or both, in m familiar with, and accept Signature typed or primed name of r OFTI	is 607.0502 and 607 i the State of Florida the obligations of stered agent and take of CERS AND DIRECT	applicable (NOT	83 84 City es, the above-named co authorized by the corpora orida Statutes.	rporation submits this statement for ation's board of directors. I hereby a	FL 85 Zip the purpose of changing it coopt the appointment as	s registered registered
11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADORESS	WPA FL 33603 o the provisions of Soction or familiar with, and accept Signature typed or printed name of r OF FI D \$ISSLE, NOBLE L JF 1207 EAST M.L. KIN	s 607.0502 and 607 the State of Florida the obligations of the obligations of GERS AND DIRE CT	applicable (NOT	83     84     City es, the above-named co authorized by the corpora orida Statutes. t Registered Agent signature req     13.     1.1 TITLE     1.2 NAME     1.3 STREET ADDRESS	rporation submits this statement for ation's board of directors. I hereby a puired when reinstating)	FL 85 Zip the purpose of changing it coopt the appointment as DATE DEFICERS AND DIRECTOF	s registered registered IS IN 12
11. Pursuant office or r agent. I a SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP	WPA FL 33603 o the provisions of Soction ogistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFTI D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.	applicable (NOT	83     84     City     es, the above-named co authorized by the corpora     orida Statutes.     1: Registered Agent signature reg     13.     1.1 TITLE     1.2 NAME	rporation submits this statement for ation's board of directors. I hereby a puired when reinstating)	FL 85 Zip the purpose of changing it coopt the appointment as DATE DEFICERS AND DIRECTOF	s registered registered IS IN 12
11. Pursuant office or r agent. I a SIGNATURE 12. Intle NAME STREET ADDRESS STREET ADDRESS	APA FL 33603 o the provisions of Soction ogistered agent, or both, in m familiar with, and accept Stonetore typed or printed nack of r OFFT D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D RATCLIFF, MICHAEL 1705 W. ARCH ST.	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.		83     84 City es, the above-named co authorized by the corpora- brida Statutes.     13.     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	rporation submits this statement for ation's board of directors. I hereby a puired when reinstating)	FL 85 Zip the purpose of changing it accept the appointment as DATE DFFICERS AND DIRECTOF	s registered registered IS IN 12
11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	WPA FL 33603 o the provisions of Soction ogistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFFT D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D RATCLIFF, MICHAEL	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.		83     84     City es, the above-named co authorized by the corpora orida Statutes.      Registered Agent signature req     13.     1.1 Title     1.2 NAME     1.3 STREET ADDRESS     1.4 CITY-ST-ZIP     2.1 Title     2.2 NAME	rporation submits this statement for ation's board of directors. I hereby a puired when reinstating)	FL 85 Zip the purpose of changing it accept the appointment as DATE DFFICERS AND DIRECTOF	s registered registered IS IN 12 Addition
11. Pursuant office or r agent. 1 a SIGNATURE 12. 17TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	APA FL 33603 o the provisions of Soction ogistered agent, or both, in m familiar with, and accept Stonetore typed or printed nack of r OFFT D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D RATCLIFF, MICHAEL 1705 W. ARCH ST.	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.		83     84     City es, the above-named co authorized by the corpora orida Statutes.      1. Registered Agent signature req     13.     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	rporation submits this statement for ation's board of directors. I hereby a puired when reinstating)	FL 85 Zip the purpose of changing in taccept the appointment as DATE DEFICERS AND DIRECTOF Change	s registered registered IS IN 12 Addition
11. Pursuant office or r agent. I a SIGNATURE 12. 11. 12. 12	APA FL 33603 o the provisions of Soction ogistered agent, or both, in m familiar with, and accept Stonetore typed or printed nack of r OFFT D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D RATCLIFF, MICHAEL 1705 W. ARCH ST.	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.		83       84       City       es, the above-named co- authorized by the corpora- brida Statutes.       1       11       12       13.       1.1       1.2       1.3       STREET ADDRESS       1.4       2.1       1.1       1.2       1.3       STREET ADDRESS       1.4       CITY-ST-ZIP       2.1       3.1       TILE       2.2       NAME       2.3       STREET ADDRESS       2.4       CITY-ST-ZIP       3.1       3.1       3.1	rporation submits this statement for ation's board of directors. I hereby a puired when reinstating)	FL 85 Zip the purpose of changing in taccept the appointment as DATE DEFICERS AND DIRECTOF Change	s registered registered IS IN 12 Addition
11. Pursuant office or r agent. 1 a SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP	APA FL 33603 o the provisions of Soction ogistered agent, or both, in m familiar with, and accept Stonetore typed or printed nack of r OFFT D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D RATCLIFF, MICHAEL 1705 W. ARCH ST.	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.		83       84       City       es, the above-named co- authorized by the corpora- borida Statutes.       1: Transitional signature requires a statutes.       1: Registered Agent signature requires a statutes.       1: Transitional signature requires a statute statutes.       1: Transitional signature requires a statute statutes.       1: Transitional signature requires a statute statute statute statutes.       1: Transitional signature requires a statute statute statute statutes.       1: Transitional statutes a statute statute statute statutes.       2: Transitional statutes a statute statute statutes.       3: Transitional statutes statutes.       3: Transitional statutes statutes.	rporation submits this statement for ation's board of directors. I hereby a puired when reinstating)	FL 85 Zip the purpose of changing in taccept the appointment as DATE DEFICERS AND DIRECTOF Change	s registered registered IS IN 12 Addition
11. Pursuant office or r agent. I a SIGNA TURE 12. 11TLE NAME STREET ADDRESS CITY-ST-ZIP 11TLE NAME STREET ADDRESS CITY-ST-ZIP 11TLE	APA FL 33603 o the provisions of Soction ogistered agent, or both, in mamiliar with, and accept Stonatore, typed or printed nack of r OFFT D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D RATCLIFF, MICHAEL 1705 W. ARCH ST.	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.		83       84       City       es, the above-named co- authorized by the corpora- brida Statutes.       1       1       1.1       1.2       1.3       1.4       City       1.3       1.4       1.2       1.3       1.4       1.2       1.4       1.2       2.4       1.7       2.1       1.1       2.2       1.4       2.3       2.4       2.1       2.1       2.1       2.3       3       3       3.1       3.1       1.1       2.2       NAME       2.3       3.1       1.1       2.1       1.1       2.1       1.1       2.1       1.1       2.1       1.1       2.1       1.1       2.1       1.1       2.1       1.1       2.1       1.1       1.1       1.1       1.1       1.1       1.1 <t< td=""><td>rporation submits this statement for ation's board of directors. I hereby a puired when reinstating)</td><td>FL     85     Zip       the purpose of changing in     in       the appointment as       DATE       DEFICERS AND DIRECTOF       Change       Change       Change</td><td>s registered registered IS IN 12 Addition</td></t<>	rporation submits this statement for ation's board of directors. I hereby a puired when reinstating)	FL     85     Zip       the purpose of changing in     in       the appointment as       DATE       DEFICERS AND DIRECTOF       Change       Change       Change	s registered registered IS IN 12 Addition
11. Pursuant office or r agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	APA FL 33603 o the provisions of Soction ogistered agent, or both, in mamiliar with, and accept Stonatore, typed or printed nack of r OFFT D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D RATCLIFF, MICHAEL 1705 W. ARCH ST.	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.		83       84       City       es, the above-named co- authorized by the corpora- brida Statutes.       1	rporation submits this statement for ation's board of directors. I hereby a uired when reinstating) ADDITIONS/CHANGES TO C	FL     85     Zip       the purpose of changing it     it       the appointment as       DATE       DEFICERS AND DIRECTOF       Change       Change       Change       Change       Change       Change	s registered registered IS IN 12 Addition
11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME	APA FL 33603 o the provisions of Soction ogistered agent, or both, in mamiliar with, and accept Stonatore, typed or printed nack of r OFFT D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D RATCLIFF, MICHAEL 1705 W. ARCH ST.	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.		83       84       City       es, the above-named co- authorized by the corpora- brida Statutes.       1       11       12       13.       1.1       12       13.       1.1       12       13.       1.1       12       13.       1.1       12       13.       1.1       12       13.       1.1       12       13.       1.1       12       13.       1.1       12       1.1       12       1.1       12       1.1       1.2       1.3       STREET ADDRESS       2.4       2.1       1.1	rporation submits this statement for ation's board of directors. I hereby a uired when reinstating) ADDITIONS/CHANGES TO C	FL     85     Zip       the purpose of changing it     it       the appointment as       DATE       DEFICERS AND DIRECTOF       Change       Change       Change       Change       Change       Change	s registered registered IS IN 12 Addition
11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	APA FL 33603 o the provisions of Soction ogistered agent, or both, in mamiliar with, and accept Stonatore, typed or printed nack of r OFFT D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D RATCLIFF, MICHAEL 1705 W. ARCH ST.	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.	aponeable (NOTI ORS DELETE DELETE DELETE DELETE	83       84       City       es, the above-named co- authorized by the corpora- brida Statutes.       1	rporation submits this statement for ation's board of directors. I hereby a uired when reinstating) ADDITIONS/CHANGES TO C	FL     85     Zip       the purpose of changing it     it       the appointment as       DATE       DEFICERS AND DIRECTOF       Change       Change       Change       Change       Change       Change       Change	s registered registered IS IN 12 Addition
11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	APA FL 33603 o the provisions of Soction ogistered agent, or both, in mamiliar with, and accept Stonatore, typed or printed nack of r OFFT D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D RATCLIFF, MICHAEL 1705 W. ARCH ST.	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.	aponeable (NOTI ORS DELETE DELETE DELETE DELETE	83       84     City       es, the above-named co authorized by the corpora- brida Statutes.       1     Registered Agent signature req.       13.     1.1 TiTLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CHY-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       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	rporation submits this statement for ation's board of directors. I hereby a uired when reinstating) ADDITIONS/CHANGES TO C	FL     85     Zip       the purpose of changing in     in       the appointment as       DATE       DEFICERS AND DIRECTOF       Change       Change       Change	s registered registered IS IN 12 Addition
11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	APA FL 33603 o the provisions of Soction ogistered agent, or both, in mamiliar with, and accept Stonatore, typed or printed nack of r OFFT D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D RATCLIFF, MICHAEL 1705 W. ARCH ST.	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.	aponeable (NOTI ORS DELETE DELETE DELETE DELETE	83       84     City       es, the above-named co authorized by the corpora- brida Statutes.       1       2       1       1       2       1       1       2       1       1       2       1	rporation submits this statement for ation's board of directors. I hereby a uired when reinstating) ADDITIONS/CHANGES TO C	FL     85     Zip       the purpose of changing it     it       the appointment as       DATE       DEFICERS AND DIRECTOF       Change       Change       Change       Change       Change       Change       Change	s registered registered S IN 12 Addition Addition
11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	APA FL 33603 o the provisions of Soction ogistered agent, or both, in mamiliar with, and accept Stonatore, typed or printed nack of r OFFT D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D RATCLIFF, MICHAEL 1705 W. ARCH ST.	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.	applicable (NOTI ORS DELETE DELETE DELETE DELETE DELETE DELETE	83         84         City         es, the above-named co- authorized by the corpora- brida Statutes.         1         11         12         13.         1.1 Title         1.2 NAME         1.3 STREET ADDRESS         1.4 CHY-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         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	rporation submits this statement for ation's board of directors. I hereby a uired when reinstating) ADDITIONS/CHANGES TO C	FL       85       Zip         the purpose of changing if       interpretended       interpretended       interpretended         DATE       DATE       DATE       interpretended       interpretended       interpretended         DATE       DATE       DATE       interpretended       i	s registered registered
11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	APA FL 33603 o the provisions of Soction ogistered agent, or both, in mamiliar with, and accept Stonatore, typed or printed nack of r OFFT D SISSLE, NOBLE L JF 1207 EAST M.L. KIN TAMPA FL 33603 D RATCLIFF, MICHAEL 1705 W. ARCH ST.	s 607.0502 and 607 the State of Fonda the obligations of t construct agent and the it CERS AND DIRECT R. G JR. BLVD.	applicable (NOTI ORS DELETE DELETE DELETE DELETE DELETE DELETE	83       84     City       es, the above-named co authorized by the corpora- brida Statutes.       1     Rigistered Agent signature req 13.       1.1 TiTLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CHY-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       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	rporation submits this statement for ation's board of directors. I hereby a uired when reinstating) ADDITIONS/CHANGES TO C	FL       85       Zip         the purpose of changing if       interpretended       interpretended       interpretended         DATE       DATE       DATE       interpretended       interpretended       interpretended         DATE       DATE       DATE       interpretended       i	s registered registered IS IN 12 Additio