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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000045515

1. Corporation Name

MEDCO FOLIPMENT REPAIR INC.

Principal Place of Business	Mailing Address	
13047 SW 133RD CT.	13047 SW 133RD CT.	
MIAMI FL 33186	MIAMI FL 33186	

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90046 044 ***150.00

WILDOO	EQUITATION TO THE PARTY TO							
Principal Place	e of Business	Mailing Address						
13047 SW 133F MIAMI FL 3318		13047 SW 133RD CT. MIAMI FL 33186				DO NOT WEITE IN THE	C CDACE	
						3. Date Incorporated or Qualifed 06/13/1994	· · ·	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-5052047		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00	D May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year I		
24	25	29	30			Personal Property Tax.	Yes	□No
1	9. Name and Address of Curr	ent Registered Agent			- 47	10. Name and Address of New Registered	1 Agent	٠
				81	Name			
	is, Helen 17 Sw 133RD CT.			82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
	WI FL 33186			83		لودم المراقب الدور المراز الدي الواج الدور ا وفي الدولوج الدراز الدور ا	151 9, 11 . 21	21, -12 - 11 - 17 - 17 - 17
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	•			84	City	F	85 Zip	Code Code
. c office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	te of Florida. Such change was	authorized	by th	named corporatio	oration submits this statement for the purpose on its board of directors. I hereby accept the app	ointment as	registered
. c office or r	egistered agent, or both, in the Sta in familiar with, and accept the obli Signature uped or brand name if registered a	te of Florida. Such change was gations of, Section 607 0505, F	authorized lorida Statu S TE: Registered	by thutes.	re corporation	when reinstating)	ointment as	registered
office or r	registered agent, or both, in the Sta im familiar with and accept the obli- Signature speed or brunded name of registered a OFFICERS	te of Florida. Such change was gations of Section 607.0505; Florida agent and title if applicable. (NO AND DIRECTORS	authorized lorida Statu E: Registered	by thutes.	re corporation	d when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
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Signature 12.	egistered agent, or both, in the Starm carrillar with, and accept the oblining signature area or privide name in registered a OFFICERS OP SIKES, STEVEN	te of Florida. Such change was gations of Section 607.0505; Florida agent and title if applicable. (NO AND DIRECTORS	authorized lorida Statu E: Registered	by thutes. Agent s	re corporation	d when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR