FILE NOW, FLING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DÉPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90024 009 ***150.00

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DOCU	MENT # P94000	056033	*	v. #7,			
i, corporation	NUTOMOTIVE REPAIR INC.	Ę			}		
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Principal Plac	ce of Business	Mailing Address				191 81113 31111 48181	11160 (111 100)
7150 DEVONS RIVIERA BEAC	ROAD. BAY 3 & 4 H FL 33404	7150 DEVONS ROAD, BAY 3 RIVIERA BEACH FL 33404	3 & 4		DO NOT WRITE IN TH	US CDACE	
					3. Date Incorporated or Qualifed	IIS SPACE	·
					07/28/1994		• . {
2. Principal F	Place of Business (6	2a. Mailing Address			4. FEI Number	·	plied For
21 Suite Ant		26 Suite Ant # etc			65-0431690		t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	\$8.75 A	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zìp	Country 25	Zip	Country		8. This corporation owes the current year		No
24	9. Name and Address of Current		30		Personal Property Tax. 10. Name and Address of New Registere	YYes ed Agent	
	\$ 48 X 11 3 15 13 14 15		81	Name			
C10	FFI, PATRICK	T 040	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
3131 SW MADRA DOWNS BLVD SUITE 348 PALM CITY FL 34990			[_]			*** * *** * * * * * * * * * * * * * *	(1411-114 3)
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			84	City	े की मेर्डिकों को से मेर्डिकों के बेर्डिक के विकास	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	s, the above	aned corpor	ration submits this statement for the purpose	of changing its	registered
office or agent. I a	registered agent, or both, in the State of	f Florida. Such change was aut ons of Section 607.0505. Florid	thorized by da Statutes	the corporation	ration submits this statement for the purpose is board of directors. I hereby accept the appropriate the second statement is a second statement to the second statement is second	polintiment as rec	gistered
SIGNATURE				1. 156.74	The state of the s		
TO THE POST	Signature, typed by printed name of registered egent	and title if applicable:	Registered Agen		when reinstating)		
TITLE	OFFICERS AND	DELETE	1.1 TITLE	3 - #41345.~ T	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12 1
NAME	DWYER, DEBORAH R			j	TO THE BUT S		Addition
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4. 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, or director, or 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 or an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISCOUNTS DAILY DOLLAR DESIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R2F034./11/98