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PROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000083508**1. Corporation Name

HARCO REPAIR & SERVICE CO.

FILED Jan 27, 1999 8:00am **Secretary of State**

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Principal Place	e of Business	Mailing Address	-		1 (B41(44) (IN IN)) NIA(I NA(I NA))	. 4011 88181 1818 (116		
655 W. PROSPECT RD P.O. BOX 451356 OAKLAND PARK FL 33309 US P.O. BOX 451356 SUNRISE FL 33345 US				DO NOT WRITI	E IN THIS SPACE	Ē_		
				÷	3. Date Incorporated or Qualifed 11/16/1994			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Appli	lied For
21		26			65-0535170			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	T	. 75 Ad ee Requ	
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution		5.00 M dded to	
Zip	Country	Zip	Cour	itry	8. This corporation owes the curre			٦
24	25	29	30		Personal Property Tax.	Ye:	s L	No
	9. Name and Address of Current			T	10. Name and Address of New Ro	egistered Agent		
DED				81 Name			', ',·	
	SAUD, HARRY 30 NW 18TH MANOR		-	82 Street Add	ress (P.O. Box Number is Not Acceptat			3112 3212 324
PLA	NTATION FL 33322		ŀ	83	, (go to not \$10 for the 12 for a faller 38).	346 (34) 32 (35		
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•				84 City		FL 85	Zip Co	. J
- office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was a ions of, Section 607.0505, Flo	เมากดศฆลด	by the corporati	poration submits this statement for the room's board of directors. I hereby accept	ourpose of changi the appointment	ing its re as regis	egistered istered
SIGNATURE	1.500							
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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 acciver 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.

6.4 CITY-ST-ZIP

SIGNATURE