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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name	P94000084321	(6)
THE REPAIR GROUP	, INC.	



														1
Pri	incipal Place of Busine	SS.	Ma	ailing Address				7	# 16611001 318 18111	EFBIL DDIAL QQL		81 18111 8188	9	I
8570 N.W. 177TH STREET MIAMI FL 33015			8570 N.W. 177TH STREET MIAMI FL 33015											
_								3.	Date Incorporated or 11/16/1994	Qualified	3a. Da	06/14/		
2.	Principal Place of Bus	iness	2a.	Mailing Address				4.	FEI Number				Applied For	
21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.				65-0535702			Not Applicable			
22			27					5.	Certificate of Status I	Desired			75 Additional e Required	
	City & State			City & State				6. Election Campaign Financing		nancing	- \$5.00 Ma		00 May Be	
23			28						Trust Fund Contribut	on	Ш		ded to Fees	
24	Zip	Country 25	29	Zip	30 Co.	intry		8.	This corporation has Florida Statutes	liability for in Yes		tax under	s 199.032,	
	9, Nan	ne and Address of Cu	rrent Regis	tered Agent				10.	Name and Address	of New R	egistere	d Agent		_
						81	Name							
HESSEY, JOHN 8570 N.W. 177TH STREET					82	,								
	MIAMI FL 3301	5				83								
						84	City				F	┕╵	Zip Code	
	Pursuant to the provor registered agent, of familiar with, and account to the province of the	isions of Sections 607.0 or 101) Juline State of E cept the colligations of	0502 and 60 Floring Such Stion 607.		es, the abo ed by the o s.	ove-r corp	named corpora oration's board	ation s d of d	submits this statement irectors. I hereby acce	for the purp pt the appo		hanging its as register		ж

SIGNATURE	tall Klest	ey.			2-14-96	2
	Signer re, ligar the printed harms of egistered agent and title		Registered Agent signature required		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFI		
1H.F	P	DELETE	1. 1 TITLE		Change	☐ Addition
NAME	HESSEY, JOHN C		1.2 NAME			
STREET ADDRESS	8570 NW 177 ST		1.3 STREET ADDRESS			
CDY-ST ZIP	MIAMI FL		1.4 CITY - ST - ZIP			
11606		☐ DELETE	2 1 TITLE		☐ Change	Addition
NAME			2 2 NAME			
STREE! ADDRESS			2 3 STREET ADDRESS			
CITY - ST - ZIP			2 4 CITY - ST - ZIP			
ายเก		☐ DELETE	3 1 TillE		Change	Addition
NAM!			3 2 NAME	·		
STREET ADDRESS			3.3 STREET ADDRESS			
CHY ST-ZIP			3.4 CITY - \$1 - ZIP			
TH'LE		☐ DELETE	4. 1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
C/Ty - ST - ZiP			4.4 CITY - ST - ZIP			
TITLE		□ DELETE	5 1 TITLE		☐ Change	Addition
NAM:			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
C-1Y-S1-2P			5.4 CITY - ST - ZIP			
TILE		☐ DELETE	6 1 TITLE		☐ Change	Addition
NAME:			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			

6 4 CITY - ST - ZIP 14. Low hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental angular 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 at terstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with address.

SIGNATURE: *

CHY-ST-ZIP

2-14-96