## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400084321 (6)

THE REPAIR GROUP, INC.

SIGNATURE:

Principa! Place	e of Business	Mailing Address							
8570 N.W. 177TH STREET 8570 N.W. 177TH STREET MIAMI FL 33015 MIAMI FL 33015-3530			•						
					3. Date Incorporated or Qualified 11/16/1994		e of Last Re <b>0/1996</b>	port	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Apr	plied For	l
1 26					65-0535702		·	t Applicable	1
Suite, Apt. f	# etc.	Suite Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Rec	quired	
City & State	:	City & State			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		<b>\$5.00</b> i Added to		
Zφ	Country	Zιρ	Count	ry	8. This corporation has liability for in			199.032,	l
24	25	29	30			Yes 🗌			ĺ
***************************************	9. Name and Address of Cui	rent Registered Agent			10. Name and Address of New Reg	lstered A	gent		ĺ
	SEY, JOHN		6	1 Name					
	) N.W. 177TH STREET JI FL 33015		8	2 Street Add	ress (P.O. Box Number is Not Acceptab	e)			
			8	3					
			8	4 City			<b>85</b> Zip C	Code	
				1 '		FL	1 1	····-	
11. Pursuant t	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu ate of Elfrida Such change was	ites, the abo authorized	ive-named corp by the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of ( If the appo	changing its sintment as	s registered registered	1
agent La	m fate ear with and lookpt the of	igations of Section 607.0505, F	lorida Statut	es.	•		01	_	
SIGNATURE.	Kate L'	Very				1 - 2	9-97	<u> </u>	
		agent and title if applicable (NO AND DIRECTORS	11E: Hegislered A	igent signatura requi	ired when reinstating)  ADDITIONS/CHANGES TO OFFICE				6
12. TITLE	p V Ornaria	DELETE	1.1 TITL	:	7,000,000,000,000,000,000		Change	Addition	CR2E034 (9/96)
NAME	HESSEY, JOHN C	C. Perric	1.2 NAM			`			4
STREET ADORESS	8570 NW 177 ST		1	ET ADDRESS					18
-	MIAMI FL			- ST-ZIP					N N
CITY-ST-ZIP TITLE	11/1 AIII 1 C	☐ DELETE	2 1 TITL			1	Change	Addition	Ö
NAME			2.2 NAM						
STREET ADORESS				ET ADORESS					
City-St-ZiP				/-ST-ZIP	.::	18.00			
TITLE		DELETE	3.1 TITL				Change	Addition	1
NAME			3.2 NAM	E					
STREET ADDRESS			3.3 STR	EET ADDRESS					
CHTY - S1 - ZIP			3.4. CIT	7-\$T-2(P					
THLE		☐ DELETE	4.1 THL	E			Change	Addition	1
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET ADDRESS					
CHY+ST+7/P			4.4 CITY	-ST-ZIP					
THTLE	<u></u>	DELETE	5.1 TITL	E			Change	Addition	
NAM{			5.2 NAM	NE					
STREET ADDRESS			5.3 STR	EET ADDRESS					
CITY - ST - 7IP			5.4 CITY	-ST-ZiP					]
TITLE		DELETE	6.1 TITL				Change	Addition	1
NAME.			6 2 NAN	1€		-			
STREET ADDRESS		,	63 STR	EET ADDRESS					
CHY-ST-Z-P			6.4 CiTY	(-ST-ZIP					

14. I do hereby certify that the information supplied with this filling 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 chapter on an attachment with an address.