

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90079 011 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000018495

1. Corporation Name
SPECIALTY REPAIRS & SERVICE, INC.

Principal Place of Business
 12050 N.E. 14TH ST.
 MIAMI FL 33161

Mailing Address
 12050 N.E. 14TH ST.
 MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
03/07/1995

4. FEI Number
65-0560519

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

BENJAMIN, HAROLD L CPA
 6208 PEMBROKE ROAD
 MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name **Robert D. Hamman**

82 Street Address (P.O. Box Number is Not Acceptable)
1500 BELVEDERE ROAD

83

84 City **West Palm Beach FL** 85 Zip Code **33406**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **ROBERT D. HAMMAN** DATE **4-30-99**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CAMPANILE, MICHAEL	
STREET ADDRESS	12050 N.E. 14TH ST.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wolfington, Vincent A	
1.3 STREET ADDRESS	4530 Wisconsin Ave N.W.	
1.4 CITY-ST-ZIP	Washington, DC 20016	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas, Guy	
2.3 STREET ADDRESS	4530 Wisconsin Ave N.W.	
2.4 CITY-ST-ZIP	Washington, DC 20016	
3.1 TITLE	30	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dailey, Don R.	
3.3 STREET ADDRESS	4530 Wisconsin Ave N.W.	
3.4 CITY-ST-ZIP	Washington, DC 20016	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Haedicke, David	
4.3 STREET ADDRESS	4530 Wisconsin Ave N.W.	
4.4 CITY-ST-ZIP	Washington, DC 20016	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Hamman	
5.3 STREET ADDRESS	1500 Belvedere Road	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 REQUIRED** DATE **4/29/99** DAYTIME PHONE # **(202) 845-1200**

CR2E034 (1/198)