

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

05-04-1999 90079 011 \*\*\*158.75

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

3. Date Incorporated or Qualified

03/07/1995

4. FEI Number

65-0560519

Applied For

Not Applicable

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-99

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME CAMPANILE, MICHAEL  
STREET ADDRESS 12050 N.E. 14TH ST.  
CITY-ST-ZIP MIAMI FL 33161

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CP  
1.2 NAME Wolfington, Vincent A  
1.3 STREET ADDRESS 4530 Wisconsin Ave N.W.  
1.4 CITY-ST-ZIP Washington, DC 20016

☐ Change

☒ Addition

2.1 TITLE V  
2.2 NAME Thomas, Guy  
2.3 STREET ADDRESS 4530 Wisconsin Ave N.W.  
2.4 CITY-ST-ZIP Washington, DC 20016

☐ Change

☒ Addition

3.1 TITLE SD  
3.2 NAME Dailey, Don R.  
3.3 STREET ADDRESS 4530 Wisconsin Ave N.W.  
3.4 CITY-ST-ZIP Washington, DC 20016

☐ Change

☒ Addition

4.1 TITLE T  
4.2 NAME Haedicke, David  
4.3 STREET ADDRESS 4530 Wisconsin Ave N.W.  
4.4 CITY-ST-ZIP Washington, DC 20016

☐ Change

☒ Addition

5.1 TITLE V  
5.2 NAME Robert Hamman  
5.3 STREET ADDRESS 1500 Belvedere Road  
5.4 CITY-ST-ZIP West Palm Beach, FL 33406

☐ Change

☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 (202) 845-1200

CR2E034 (11/98)