## FILE NOW: FILING FEE AFTER MAY

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth Secretary of State

DIVISION OF CORPORATIONS

## Apr 15 1997 8:00am Secretary of State

DOCUMENT #	P95000041326	(6)

BILL'S MOBILE REPAIR SERVICE, INC. Mailing Address Principal Place of Business 4083 S.W. 51 ST. 4093 S.W. 51 ST. FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314-5711 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1995 08/19/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For APPLIED FOR Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 Crty & State 6. Election Campaign Financing \$5.00 May Be City & State: Trust Fund Contribution Added to Fees 23 28 Country This corporation has liability for intangible tax under s. 199.032, Zio Country Zip Yes No Florida Statutes 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCDONALD, DAVID 1393 S.W. FIRST ST. #200 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 83 84 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Change Addition □ DELETE 1.1 TITLE TIBLE FRIES, WILLIAM H JR. **1.2 NAME** NAME 4093 S.W. 51 ST. 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33314 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS CHY-ST ZIP 2. 4 City - St - ZiP Change Addition DELETE 31 TITLE THUE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - \$1 - 2(P Change Addition □ DELETE 4.1 TITLE Milif 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST-ZIP Addition DELETE 5.1 TITLE THE 5.2 NAME NAM: **5.3 STREET ADDRESS** STREET ADDRESS 5.4 City-SI-ZIP City - St - 2iP Addition Change DELETE 11:11 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certily 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 other 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

CITY-ST-2IP

appears in Block 12 or Block 13 if changed, or on an attachment with an address

Daytime Phone #