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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9
1. Corporation Name
SIGNATURE REPAIR, INC. P95000045283 (5)

**FILED** May 11 1998 8:00am Secretary of State

|--|--|

Principal Plac	e of Business	Mailing Address			Bairt aratı airta stağı iğiğə bist iğdı	
3921 NW 78 LN 7836 ORLEANS STREET						
HOLLYWOOD FL 33024 MIRAMAR FL 33023 US US		DO NOT WRITE IN THIS SPACE				
00		03		3. Date Incorporated or Qualified	THIS STACE	
				06/06/1995		
2. Principal P	lace of Business	2a. Mailing Address	, _nd \	4. FEI Number	Applied For	
21		26 (0(0)	NN 312 24	65-0604313	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27	·	g. Commodic of Oldida Basilos	Fee Required	
City & State	0	City & State	- 41	6. Election Campaign Financing	_ \$5.00 May Be	
Zip	Country	28 Maraste	Country		Added to Fees	
24	25	233063	30 Broward.	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30</li> </ol>		
24	9. Name and Address of Curre		130 (3/05 (3/4)	10. Name and Address of New Regis		
CC	OK, GRANT		81 Name C	7 /		
	7826 ODI EANO OT			Grant COOK		
	RAMAR FL 33023			ess (P.O. Box Number is Not Acceptable)		
			83			
			44 00 44		10-1 7 6 7	
			84 City N	argate	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation symmist his 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registerering		TE: Registered Agent signature require	·····	DATE	
12. TITLE	OFFICERS AN	DELETE	13. 1.1 TETLE	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12  Change Addition	
NAME	COOK, MITCHELL	C. better	1.2 NAME		C civilige C Audition	
STREET ADDRESS	2713 SCOTT ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	COOK, GRANT		2.2 NAME			
STREET ADDRESS	2713 SCOTT ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE	•••	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADORESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE ·		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5 1 TITLE		Change Addition	
NAME			52 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. I hereby c	ertify that the Information supplied w	with this filing does not qualify f	for the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I fur	ther 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 chatged, or on an attachment with an address.