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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000048622

1 Corporation Name

Principal Place of Business

MEDICAL TERMINAL REPAIR SERVICE INC.

1296 MW FEDERAL HWY STUART FL 34994 US		1296 NW FEDERAL HW' STUART FL 34994 US				3.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
							06/19/1995			1	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address				FEI Number		$ \prod_{i}$	Applied For	
21	000 0. 000	⊢ ,	26				59-3294739			Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			20-00	Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	· · · · · · · · · · · · · · · · · · ·	City & State				6.	Election Campaign Financing		\$5.0	0 May Be	
23		28	28				Trust Fund Contribution Added to Fees				
Zip	Country Zip Cou			, at 1110 corporation assessment actions () = 1 1110 corporation				1			
24	25 29 30			1 cradital i reporty tax.			Yes	MNo			
•				10.	Name and Address of New R	legistered	Agent				
					1 Name						
	S, DEBORAH S		82 Street			Address (P.O. Box Number is Not Acceptable)					
	NW 12TH TERR		02 000007			(·		<u> </u>			
STU	ART FL 34994										
				84	City			FL	. `	p Code	
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								DATE			
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere OFFICERS AND DIRECTORS 13.			Agent	signature requ	uireo wnen re	ADDITIONS/CHANGES TO OF		ID DIREC	TORS IN 12	
12.	D OFFICERS A	DELETE		15	-		ADDITIONO OF THE PERSON OF THE		Chang		
TITLE			1.2 NA							_	
NAMÉ	ELLIS, DEBORAH S				ADDDESC						
STREET ADDRESS				1.3 STREET ADORESS 1.4 CITY-ST-ZIP							
CITY-ST-ZIP	STUART FL 34994	☐ DELETE			-ZIP				Chang	ge Addition	
TITLE		Occin	_		2.1 TITLE 2.2 NAME						
NAME											
STREET ADDRESS			4	2.3 STREET ADDRESS						(
CITY-ST-ZIP				2.4 CITY-ST-					Chang	je Addition	
TITLE	DELETE			3.1 TITLE 3.2 NAME						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME										Į	
STREET ADDRESS					ADDRESS					1	
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CITY-ST-ZIP			4.4 CI		-ZIP				√) Chang	e Addition	
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NAME					ADDRESS		•				
STREET ADDRESS					ŀ						
CITY-ST-ZIP	<u> </u>		5.4 CT 6.1 TT		- 217				Chang	ge 🔲 Addition	
TITLE									U Sharry		
NAME			6.2 NA		ADDRESS					ſ	
STREET ADDRESS				6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CI	Y-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.