## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1990	COD NE 15		
DOCUMENT #	P95000053	757	(7

Corporation Name

JPB EQUIPMENT REPAIR, INC.

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Principal Place	of Business		Mai	ling Address								• • • • • • • • • • • • • • • • • • • •
8378 SOUTHAMPTON PLACE 9378 SOUTHAMPTON PLACE BOCA RATON FL 33434 BOCA RATON FL 33434												
									3. Date Incorporated or Qualified 07/07/1995	3a. Date	of Last R	leport
2. Principal Pla	ace of Busines	s	2a.	Mailing Address					4. FEI Number			Applied For
21			26						T650601066			Not Applicable
Suite, Apt. #	#, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
22			27	0. 0.01					6 Flastice Compoint Engaging			May Be
City & State	1		28	City & State					Election Campaign Financing     Trust Fund Contribution			d to Fees
<b>23</b> Zip		Country	- 20	Zip		Country			8. This corporation has liability for	intangible ta		
24	1		29		30	ĺ			Florida Statutes 💟 Ye	s 🔲 No		
		and Address of Curi		ered Agent					10. Name and Address of New	Registered	Agent	
						81	١	Name				
WIGGINS	S, RICHARD					82	S	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
		5TH STREET					<u> </u>					
MARGAT	TE FL					83						
						84	(	Dity		FL	85 Z	ip Code
						للل	L.		ting a houte this statement for the o		anoino its	registered office
or register	ad accept or t	with in the State of Fl	orida Such	change was authoriz	zeci dv ti	above-r ne corp	nan Ora	ned corpora ation's board	ation submits this statement for the p d of directors. I hereby accept the ap	pointment as	registere	d agent. I am
familiar wit	th, and accep	t the obligations of, S	ection 607.0	0505, Florida Statutes	S.							
SIGNATURE				onloable (N	OTS - Basies	ered Aner	nt sic	onat ire required	v.tion reinstating)	DATE		
<u> </u>	Signature, typed o	r printed name of registered as OFFICERS		,,		3.	11 34	grinitare recipirco	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12
12. TILLE	0	OFFICERO	THE BITTEE	DELETE		. 1 TITLE	_				Change	
NAME		EZ, PATRICIA L			1	2 NAME						
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City -St - ZiP		ATON FL 33434			1	.4 CITY-S	ST-2	ZIP				
TITLE	D			□ DELETE	2	. 1 TITLE				l	Change	☐ Addition
NAME	GWARA,	MAUREEN A			2	2 NAME						
STREET ADDRESS	9378 SC	UTHAMPTON PLA	CE		2	.3 STREET	1 AD	DRESS				
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NAMÉ					- 1	3.2 NAME						
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STREET ADDRESS						5.4 CITY -						
CHY-ST-ZIP	<del> </del>			DELETE		6. 1 TITLE		*"			☐ Change	Addition
TITLE				L-1		6 2 NAME						
NAME STREET ADDRESS		1				63 STREE		DDRESS				

C/IY-ST-ZP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 early, 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 Biock 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Longla Patricia Longles (Pres.) 4-2694 407-487-6709

Date Prome Prome #

3R2F034 (12/95)