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

PROFIT



FLORIDA DEPARTMENT OF STATE

	ANNUA	DRATION L REPORT (Sandra B Secretary DIVISION OF CC	of State	NS				
D	OCUM Corporation Na	ENT # P9	50000575	586 (6)						
••	•	MECHANICS (US/	A), INC.							
Pri	ncipal Place of	Business	Mailing A	ddress			15811061 418 (010) DIAM 6010 WA	iel Alfaij Alfaa Brita	tanet milet i	18419 B111 1891
12433 66 STREET NORTH 12433 66 STREET NORTH LARGO FL 34643 LARGO FL 34643					н					
	LARGO FL 346	43	EAROC	772 04040			Date incorporated or Qualified	3a. Date o	f Last Rep	nor
							07/24/1995			
2.	Principal Place	o' Business	2a. Maile	ig Address			4. FEI Number 59-333	0566	A)	pplied For lot Applicable
21			26						\$8.75	Additional
	Suite, Apt. #,	etc.	27 Suite	Suite, Apt. #. etc.			5. Certificate of Status Desired			lequired
22	City*8 State			City & State			6. Election Campaign Financing			May Be
23		28				- -	Trust Fund Contribution 8. This corporation has liability for			to Fees
	Zip	Country	Zip 29	Ì	Country 30	,	Florida Statutes XY	в БМо		100.0021
24	-	25 Name and Address	of Current Registered		301		10. Name and Address of New	Registered A	gent	
-					81	Name				
	FODOR, ZSOLT					Street Ad	dress (P.O. Box Number is Not Accept	able)		
-		STREET NORTH			63	ļ				
İ	LARGO F	L 34643			63					
Ι.					84	City		FL	85 Zip	Code
	or registered familiar with	d agent, or both, in the S , and accept the obligation	\$ 607.0502 and 607.150 tate of Florida. Such char ons of, Section 607.0505.	Elorida Statutes	a try tric com	Jordinori d'E	poration submits this statement for the poard of directors. I hereby accept the appared who resoluted	OATE		
1	2 .		ICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO 0			RS IN 12
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	NAME				6.2 NAM	IE .	*** <u>ZUU</u> , UU			Vay-
		ſ			63516	ELL ADDRESS		1	5	1-10

64 City-St ZiP

14. I do hereby certify that the information supplied with this filing is voluntarry 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 suppliemental 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 trusted 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.

SIGNATURE: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR