

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000068805 (7)  
 1. Corporation Name

MR. FIX-IT OF SOUTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address  
 4173 WAIKIKI DRIVE ATTN: RICHARD ODZIC SARASOTA FL 34241  
 4173 WAIKIKI DRIVE ATTN: RICHARD ODZIC SARASOTA FL 34241

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt #, etc 26 Suite, Apt #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip Country 29 Country 30

3. Date Incorporated or Qualified 09/05/1995 3a. Date of Last Report N/A  
 4. FEI Number 65-0607368 Applied For Not Applicable  
 5. Certificate of Status Desired \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes  No

9. Name and Address of Current Registered Agent  
 MCGINNESS, W. LEE  
 1800 SECOND STREET  
 SUITE 750  
 SARASOTA FL 34236

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip 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 Signature (Type the print name of registered agent and title if applicable) (Type Registered Agent's signature required when returning) DATE

12. OFFICERS AND DIRECTORS  
 TITLE P., V., S., T., D.  DELETE  
 NAME RICHARD ODZIC  
 STREET ADDRESS 4173 Waikiki Drive  
 CITY - ST - ZIP Sarasota, Florida 34241  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition  
 11 TITLE  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY - ST - ZIP  
 Change  Addition  
 21 TITLE  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY - ST - ZIP  
 Change  Addition  
 31 TITLE  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY - ST - ZIP  
 Change  Addition  
 41 TITLE  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY - ST - ZIP  
 Change  Addition  
 51 TITLE  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY - ST - ZIP  
 Change  Addition  
 61 TITLE  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY - ST - ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Odzie* 6/28/96 (941) 379-0072  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Richard Odzie, President

CR2E034 (3/96)