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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

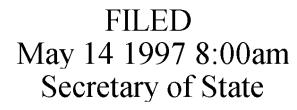
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094296 (7)

BRANDON REPAIR SHOP, INC.

Principal Place of Business									
101B	w	BRANDON	BLVD BLD)G					

Mailing Address





1018 W BRANDON BLVD BLDG 7 BRANDON FL 33511			1018 W BRANDON BLVD BLDG 7 BRANDON FL 33511-4101					
					3. Date Incorporated or Qualified 12/11/1995	3a. Date of Last		
2. Principal Place of Business			2a. Mailing Address		4. FEI Number		Applied For	
21 Suite Act & con		26			65-0468194		Not Applicable	
Suite, Apt. #, etc.		27			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 7ip 25 29		Country 30		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes			
	9. Name and Address of	Current Registered Agent		:	10. Name and Address of New Reg	istered Agent		
	AZI, JEHAD Y		8	Name				
9715 LITTLE POND WAY			8	2 Street Add	fress (P.O. Box Number is Not Acceptab	e)		
TAMPA FL 33847			8	3				
			6	4 City		FL 85 Zi	p Code	
11. Pursuant i	to the provisions of Sections 6	07.0502 and 607.1508, Florida Statu	les, the abo	ve-named corp	poration submits this statement for the pittion's board of directors. I hereby accep	irpose of changing	its registered	
agent. I a	m familiar with, and accept the	e obligations of, Section 607.0505, Fi	lorida Statut	les.	monts board or directors, Thereby accep	r me appointment a	as registered	
SIGNATURE	Signature, lyped or printed name of regist	forced appeal and title if applicable (NC)	! If: Florustared 6	mont e or alive ree	red when reinstaling)	DATE		
12. OFFICERS AND DIRECTOR			13.	gen a gridale roqu	ADDITIONS/CHANGES TO OFFICE		DRS IN 12	
TITLE	HIJA	DELETE	1.1 101.0			Change	Addition	
NAME	ZI, JEHAD Y		1.2 NAM	Ε				
STREET ADDRESS 9715 LITTLE POND WAY		•	1 3 STRE	ET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33647		1.4 CITY	- ST - ZIP				
TITLE		DELETE	2 1 TITLE			Change	Addition C	
NAME			2.2 NAM	F				
STREET ADDRESS			2.3 STREET ADDRESS					
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TITLE	TLE DELETE		3.1 7111.			☐ Change	Addition	
NAME			3.2 NAM	E			İ	
STREET ADDRESS			3.3 STRE	ET ADDRESS				
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NAME			5.2 NAM	E				
STREET ADDRESS				ET ADDRESS			-	
CITY-ST-ZIP		T NELTO	5.4 CITY					
TITLE		DELETE	6.1 TITLE	ļ		☐ Change	Addition	
NAME			G.2 NAM					
STREET ADDRESS			6.3 STRE	ET ADDRESS			1	
CITY-ST-ZIP	The state of the s		6.4 City	- ST - ZIP				

I do 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 12 or Block 13 changed, or on an attachment with an address.