## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Aug 06 1997 8:00am

Secretary of State

Change

Addition

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000011574 (6)

QUICK-FIX WINDSHIELD REPAIR, INC.

| Principal Place of Business Mailing Address 4555 N.W. 103RD AVE. 4555 N.W. 103RD AVE. |                                     |   |                          |           |  |  |
|---|-------------------------------------|---|--------------------------|-----------|--|--|
|   |                                     |   |                          |           |  |  |
| SUNRISE FL 33351 SUNRISE FL 33351   |                                     |   |                          |           |  |  |
|   |                                     |   |                          |           | DO NOT WRITE IN THIS SPACE   |  |
|   |                                     |   |                          |           | 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1996   |  |
| 2. Principal Place of Business  |                                     | 2a. Mailing Address                           | 2a. Mailing Address      |           | 4. FEI Number Applied For  |  |
| 21  |                                     | 26  | 26                       |           | 65-0652760 Not Applicable  |  |
| Sulte, Apt. #, etc. Suito, Ap<br>22 27  |                                     |   |                          |           | 5. Certificate of Status Desired See Required Fee Required   |  |
| City & State  |                                     | City & State                                  | <u>├─</u> ┐ <sup>*</sup> |           | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees                            |  |
| Zip<br>24   | Country 25                          | Zip<br><b>29</b>                              | Zip Country              |           | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes No   |  |
|   | 9. Name and Address                 | of Current Registered Agent                   | <del>1==1</del>          |           | 10. Name and Address of New Registered Agent   |  |
| EIN   | IIGER, WARREN S                     |   | 81                       | Name      |  |  |
|   | 55 N.W. 103RD AVE.                  |   | 82                       | Ctroot    | Address (D.O. Day Number is Not Assentable)  |  |
| SUNRISE FL 33351  |                                     |   |                          |           | Address (P.O. Box Number is Not Acceptable)  |  |
|   |                                     |   | 83                       |           |  |  |
|   |                                     |   | ]84                      | City      | FI 85 Zip Code   |  |
| SIGNATURE   | Signature, typed or printed name of | registered agent and little if applicable (NO | ÷.<br>TE Registered Aç   |           | poration's board of directors. I hereby accept the appointment as registered  required when reinitaling)  DATE |  |
| 12.   |                                     | ICERS AND DIRECTORS                           | 13.                      |           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE   | D WARDEN                            | DELETE  | 1.1 TITLE                |           | Change Addition  |  |
| NAME EINIGER, WARREN S  |                                     | 5   | 1.2 NAME                 |           | ACCC ALL IDENT ANGENIC   |  |
| STREET ADDRESS 14491-NW 997H-PL.  |                                     |   | 1.3 STREET ADDRESS       |           | 4333 100 10314 11421100  |  |
| CITY-ST-ZIP   | SUNRISE FL 83323                    |   | 1.4 CITY-ST-ZIP 5        |           | 4555 NW 103rd AVEAUE<br>SUNCISE, FLOCIDA 33323   |  |
| TITLE   |                                     |   | 2.1 TITLE                |           | ☐ Change ☐ Addition  |  |
| NAME *  |                                     | *   | 2.2 NAME                 |           |  |  |
| STREET ADDRESS  |                                     |   | 2.3 STREET ADDRESS       |           |  |  |
| CITY-ST-ZIP   |                                     |   | 2. 4 CITY                | ST-ZIP    | Change Addition  |  |
| TITLE   | <del>-</del>                        |   | 3.1 TITLE                |           | L change xoonton   |  |
| NAME  |                                     |   | 3.2 NAME                 |           |  |  |
| STREET ADDRESS  |                                     |   |                          | 1 ADDRESS |  |  |
| CHY-ST-ZIP  | TITLE DELETE                        |   | 3.4. CITY                | ST-ZIP    | Change Addition  |  |
|   |                                     |   | 4.1 TITLE                |           |  |  |
| NAME<br>CERTE ADDRESS   |                                     |   | 4. 2 NAME                |           |  |  |
| STREET ADDRESS  |                                     |   |                          | T ADDRESS |  |  |
| CITY-ST-ZIP<br>TITLE  | <u></u> .                           | ☐ DELETE                                      | 4.4 CITY-<br>5.1 TITLE   | SI-ZIP    | Change Addition  |  |
| NAME  |                                     | L., DELLIE                                    |                          |           | Finding Noticel  |  |
|   |                                     |   | 5.2 NAME                 |           |  |  |
| STREET ADDRESS  |                                     |   |                          | T ADDRESS |  |  |
| CITY-ST-ZIP   |                                     |   | 5.4 CITY-                | SI - ZIP  | 1  |  |

14. I do hereby certify that the information supplied with this filing does not quality 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.

6.1 TITLE

6.2 NAME

□ DELETE