

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90016 022 ***150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000011574 ✓

Corporation Name

QUICK-FIX WINDSHIELD REPAIR, INC.

Principal Place of Business

555 N.W. 103RD AVE.
 SUNRISE FL 33351

Mailing Address

4555 N.W. 103RD AVE.
 SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1996

4. FEI Number

65-0652760

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 owes the current year
 Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Kenneth Eniger
 ENIGER, WARREN S
 4555 N.W. 103RD AVE.
 SUNRISE FL 33351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE	<i>D Kenneth Eniger</i>	1.2 NAME	
EET ADDRESS	ENIGER, WARREN S	1.3 STREET ADDRESS	
E-ST-ZIP	4555 NW 103RD AVE	1.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE		2.2 NAME	
EET ADDRESS		2.3 STREET ADDRESS	
E-ST-ZIP		2.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE		3.2 NAME	
EET ADDRESS		3.3 STREET ADDRESS	
E-ST-ZIP		3.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
E-ST-ZIP		4.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
E-ST-ZIP		5.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
E-ST-ZIP		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/99

CR2E034 (5/99)