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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000063688 (1)

FILED May 11 1998 8:00am Secretary of State

	REPEMAKER, INC.								
Principal Plac	pe of Business	Mailing	Address					HE MANUE BANGE IN	
18402 S.W. 8 MIAMI FL 33		18402 S.W. 87TH PLACE Miami FL 33157			DO NOT IND	NET ON THUS	CDAOE		
						3. Date Incorporated or Qualifie	IITE IN THIS	SPACE	···
						07/29/1996	90		
2. Principal f	Place of Business	2a. Mai	ling Address			4. FEI Number		TIA	pplied For
21		26	_			NOT APPLICABLE			ot Applicable
Suite, Apt.	#, etc.	Sun	e, Apt. #, etc.			Certificate of Status Desired		\$8.75	Additional
22		27				Carmonic of Glatos Desired		Fee R	equired
City & Sta	te	_ 	& State			6. Election Campaign Financing			May Be
23 Zip	Country	28 Zip		Count	erv.	Trust Fund Contribution	ليا		to Fees
24	25	29		30	uy	8. This corporation owes or has Personal Property Tax due Ju			itangible ☐ No
	9. Name and Address of Curren		Agent			10. Name and Address of New			
HC	OFFMAN, CHRISTOPHER D	· ———————		6	Name				
	402 S.W. 87TH PLACE		82		Stroot Add	iress (P.O. Bax Number is Not Accep	otable)		
	AMI FL 33157			*	On set Add		-Idolo/		= -
				8	13				
				ä	4 City			85 Zip	Code
] '		FL	. -	
	to the provisions of Sections 607.050						16 DULDO20 O	i Changing i	is registered
office or a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Si	uch change was	authorized:	by the corpora	ation's board of directors. I hereby ac	cept the app	ointment as	registered
office or :	registered agent, or both, in the State arn familiar with, and accept the obliga- Stonature, typed or printed name of registerrid age	of Florida Si ations of, Sec	uch change was stion 607.0505, F	authorized lorida Stalut	by the corpora les.	ation's board of directors. I hereby ac	DATE	ointment as	registered
office or agent 1 a SIGNATURE 12.	am familiar with, and accept the obligation of the obligation by the obligation of t	of Florida Si ations of, Sec ent and title if appli	uch change was stion 607.0505, F cable (NC	authorized lorida Statut DIE Registered A	by the corporales. Agent signature requ	ation's board of directors. I hereby ac	DATE	D DIRECTOR	RS IN 12
office or agent 1 a SIGNATURE 12.	Signature, typed or printed name of registered agree OFF ICERS ANI	of Florida Si ations of, Sec and the If appli D DIRECTOR	uch change was tion 607.0505, F	authorized Jorida Statut DIE Registered A 13.	by the corporales.	ation's board of directors. I hereby ac	DATE	ointment as	RS IN 12
office or agent 1 a SIGNATURE 12. TITLE NAME	Signature typed or prefer have of registered age OFFICERS AND HOFFMAN, CHRISTOPHER D	of Florida Si ations of, Sec and the If appli D DIRECTOR	uch change was stion 607.0505, F cable (NC	authorized Florida Statut DIE Registered A 13. 11 TITLE 12 NAM	by the corporales. Agent signature requires	ation's board of directors. I hereby ac	DATE	D DIRECTOR	RS IN 12
office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	uch change was stion 607.0505, F cable (NC	authorized Florida Statut DIE Registered A 13. 11TITLE 12 NAM 1.3 STRE	by the corporates. Agent signature requires E IE EET ADDRESS	ation's board of directors. I hereby ac	DATE	D DIRECTOR	RS IN 12
office or agent 1 agen	Signature typed or prefer have of registered age OFFICERS AND HOFFMAN, CHRISTOPHER D	of Florida Si ations of, Sec and the If appli D DIRECTOR	uch change was stion 607,0505, F	authorized Torida Statut DIE Registered A 13. 11TITLE 12 NAM 1.3 STRE 1.4 CITY	by the corporates. Agent signature requires E IE EET ADDRESS -ST-ZIP	ation's board of directors. I hereby ac	DATE	D DIRECTOR Change	RS IN 12
office or agent 1 agen	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	uch change was stion 607.0505, F cable (NC	authorized Torida Statut DIE Registered A 13. 11 TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE	by the corporates. Agent signature requires. E IE EET ADDRESS -ST-ZIP E	ation's board of directors. I hereby ac	DATE	D DIRECTOR	RS IN 12
office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	uch change was stion 607,0505, F	authorized Torida Statut 13. 11 TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 22 NAM	by the corporales. Agent signature requires E IE EET ADDRESS -SI-ZIP E	ation's board of directors. I hereby ac	DATE	D DIRECTOR Change	RS IN 12
office or agent 1 agen	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	uch change was stion 607,0505, F	authorized Torida Statut 11 11114 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	by the corporales. Agent signature requires E E E E E T T T T T T T T	ation's board of directors. I hereby ac	DATE	D DIRECTOR Change	RS IN 12
office or agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	uch change was stion 607,0505, F	authorized Torida Statut 11 11114 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	by the corporates. Agent signature requires E E E E T T T T T T T T T	ation's board of directors. I hereby ac	DATE	D DIRECTOR Change	RS IN 12 Addition
office or agent 1 agen	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	uch change was stion 607,0505, F	authorized Torida Statut DIE Registered A 13. 11 TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY	by the corporales. Agent signature requires E E E E E E T ST-ZIP E E E E E E E E E E E E E	ation's board of directors. I hereby ac	DATE	O DIRECTOI Change	RS IN 12
office or agent 1 agen	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	uch change was stion 607,0505, F	authorized Florida Statut DIE Registered A 13. 11 TITLE 12 NAM 1.3 STRE 22 NAM 2.3 STRE 2.4 CITY 31 TITLE 32 NAM	by the corporales. Agent signature requires E E E E E E T ST-ZIP E E E E E E E E E E E E E	ation's board of directors. I hereby ac	DATE	O DIRECTOI Change	RS IN 12 Addition
Office or agent 1 a gent 1 a g	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	UCH CHANGO WAS Stron 607.0505, F	authorized Florida Statul IE Registered A 11 TITLE 12 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE	by the corporates. Agent signature requires. E E E E E E F S1-ZIP E E E E E E E E E E E E E	ation's board of directors. I hereby ac	DATE	D DIRECTOI Change Change	Addition
Office or agent 1 a gent 1 a g	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	uch change was stion 607,0505, F	authorized Florida Statul IE Registered A 11 TITLE 12 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE	by the corporales. Apeni signature requires. EllE EET ADDRESSSI-ZIP E EET ADDRESS /-SI-ZIP E EET ADDRESS /-SI-ZIP E ECT ADDRESS /-SI-ZIP	ation's board of directors. I hereby ac	DATE	O DIRECTOI Change	RS IN 12 Addition
Office or agent 1 a separate 1	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	UCH CHANGO WAS Stron 607.0505, F	a authorized Florida Status 13. 11TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM	by the corporales. Apeni signature requires. EllE EET ADDRESSSI-ZIP E EET ADDRESS /-SI-ZIP E EET ADDRESS /-SI-ZIP E EET ADDRESS /-SI-ZIP E EET ADDRESS /-SI-ZIP E EET ADDRESS	ation's board of directors. I hereby ac	DATE	D DIRECTOI Change Change	Addition
Office of agent 1 agent 1 agent 1 agent 1 agent 1 agent 1 agent 2 agen	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	UCH CHANGO WAS Stron 607.0505, F	a authorized Florida Status 13. 11TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	by the corporales. Elect Address - SI- ZIP E EET ADDRESS SI- ZIP E EET ADDRESS (- SI- ZIP E EET ADDRESS (- SI- ZIP E EET ADDRESS (- SI- ZIP E EET ADDRESS	ation's board of directors. I hereby ac	DATE	D DIRECTOI Change Change	Addition
Office or agent 1 a spent 2 a spent	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	DELETE DELETE DELETE	authorized Florida Status 13. 11TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.4 CITY	by the corporales. Apeni signature requires. Elle EET ADDRESSSI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESSSI-ZIP	ation's board of directors. I hereby ac	DATE	D DIRECTOR Change Change Change	Addition Addition
Office of agent 1 a agent 2 a agent	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	UCH CHANGO WAS Stron 607.0505, F	authorized Florida Status 13. 11 TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 4.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE	by the corporales. Apeni signature requires. Elle EET ADDRESSSI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP	ation's board of directors. I hereby ac	DATE	D DIRECTOI Change Change	Addition
Office or agent 1 a gent 1 a g	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	DELETE DELETE DELETE	a authorized Florida Status 13. 11 TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	by the corporales. Apeni signature requires. Elle EET ADDRESSSI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESS	ation's board of directors. I hereby ac	DATE	D DIRECTOR Change Change Change	Addition Addition
Office or agent 1 a gent 1 a g	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	DELETE DELETE DELETE	authorized Florida Statul 13. 11 TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.1 TITLE 5.2 NAM 5.3 STRE 5.3 STRE	by the corporales. Apeni signature requires. Elle EET ADDRESSSI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESS	ation's board of directors. I hereby ac	DATE	D DIRECTOR Change Change Change	Addition Addition
Office of agent 1 a agent	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	DELETE DELETE DELETE DELETE	authorized Florida Statul 13. 11 TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	by the corporales. Agent signature requires. Elle EET ADDRESS - ST- ZIP EET ADDRESS /- ST- ZIP EET ADDRESS - ST- ZIP	ation's board of directors. I hereby ac	DATE	D DIRECTOR Change Change Change	Addition Addition Addition
Office of agent 1 a agent	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	DELETE DELETE DELETE	authorized Florida Status 13. 11 TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.1 TITLE 6.1 TITLE	by the corporales. Apeni signature requires. Elle EET ADDRESSSI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP	ation's board of directors. I hereby ac	DATE	D DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition
Office of agent 1 agen	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	DELETE DELETE DELETE DELETE	authorized Florida Statul 13. 11 TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	by the corporales. Apeni signature requires. Elle EET ADDRESSSI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP E	ation's board of directors. I hereby ac	DATE	D DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature typed or prefer hand of tructional age OFFICERS AND HOFFMAN, CHRISTOPHER D 18402 S.W. 87TH PLACE	of Florida Si ations of, Sec and the If appli D DIRECTOR	DELETE DELETE DELETE DELETE	authorized Florida Statul 13. 11 TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	by the corporales. Apeni signature requires. Elle EET ADDRESSSI-ZIP EET ADDRESS /-SI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESSSI-ZIP EET ADDRESS	ation's board of directors. I hereby ac	DATE	D DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition

officer or director of the corporation or the re Block 12 or Block 13 if changed, or on an this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: