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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P96000082982

1. Corporation Name

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90106 044 \*\*\*150.00

| MOBILIT  | Y SYSTEMS REPAIR, INC.   |   |  |  |  | 1 10411441 110 10114 01111 00111 93111 011  | <br> }  <b>   </b>   |                         | n ( <b>18</b> 17 <b>8</b> 16 <b>8</b> 1 4 <b>8 9</b> 1 |
|--|--|---|--|--|--|---|----------------------|-------------------------|--|
|  |  |   |  |  |  |   |                      |                         |  |
| Principal Place  | e of Business  | Mailing Add   | dress  |  |  | 1 (96)(00) 110 (01)(11 00)(11 00)   |                      |                         |  |
| 404 NE 25TH S  | <b>ा</b>   | 404 NE 25T  | 'H ST  |  |  |   |                      |                         |  |
| 101 112 2011 01  |  | CAPE CORA   | CAPE CORAL FL 33909                                      |  |  | DO NOT WRITE IN   | I TUIC C             | DACE                    |  |
|  |  |   |  |  |  | 3. Date Incorporated or Qualifed  | 111100               | TAGE                    | _  |
| ı  |  |   |  |  |  | 10/04/1996  |                      |                         | ,  |
| 2 Principal P  | lace of Business   | 2a. Mailing   | Address  |  |  | 4. FEI Number   |                      | I A                     | pplied For   |
| 21   | acc of Business  | 26  |  |  |  | 65-0698993  |                      | N                       | ot Applicable  |
| Suite, Apt.  | #, etc.  |   | Apt. #, etc.   |  |  | 5. Certifcate of Status Desired   |                      |                         | Additional   |
| 22   |  | 27  | _  |  |  | 5. Certificate of Status Desired  |                      | Fee R                   | equired  |
| - City & State   | e  | City & \$   | State  | ~-   |  | 6. Election Campaign Financing  | •                    |                         | May Be   |
| 23   |  | 28  |  |  |  | Trust Fund Contribution   |                      |                         | to Fees  |
| Zip  | Country  | Zip   |  | Countr   | У  | 8. This corporation owes the current y  |                      | ngible<br>∐Yes          | □No  |
| 24   | 25   | 29  |  | 30   |  | Personal Property Tax.  10. Name and Address of New Regis                                     |                      |                         | 1  |
|  | 9. Name and Address of Current   | registerea A  | Acur   | 8-   | 1 Name   | iv. rights and Address of New Abgre   |                      |                         |  |
| HILL   | , WAYNE R  |   |  | [  |  |   |                      |                         |  |
|  | NE 25TH ST   |   |  | 82   | 2 Street Add   | fress (P.O. Box Number is Not Acceptable)   |                      |                         |  |
| CAP  | E CORAL FL 33909   |   |  | 8:   | 3  |   |                      |                         |  |
|  |  |   |  | L  |  | <del></del>   |                      | 85 Zip                  | Code   |
|  |  | 1 1   | 1  | 84   | 4 City   |   | FL                   | 65   Zip                | Code   |
|  |  |   |  |  |  |   |                      |                         | ! - 4  |
| 11. Pursuant   | to the provisions of Sections 607.0502   | 2 and 607.1508,   | , Florida Statutes                                       | s, the abov  | ve-named corp  | poration submits this statement for the purp  | ose of ch            | nanging it              | s registered   |
| 11. Pursuant office or reagent. I as   | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligati  | 2 and 607.1508,<br>of Florida. Such<br>ions of, Section           | Florida Statutes<br>change was aut<br>607.0505, Florid   | s, the above<br>thorized by<br>da Statute  | ve-named corp<br>y the corporati   | poration submits this statement for the purp<br>ion's board of directors. I hereby accept the | ose of cl<br>appoint | nanging it<br>ment as r | s registered<br>egistered                              |
| office or n<br>agent. I a  | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State or<br>m familiar with, and accept the obligati  | 2 and 607.1508,<br>of Florida. Such<br>ions of, Section           | , Florida Statutes<br>change was aut<br>607.0505, Florid | s, the above<br>thorized by<br>da Statute  | ve-named corporati   | non's board of directors. I hereby accept the   | таррони              | hanging it<br>ment as r | s registered<br>egistered                              |
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| office or nagent. I as SIGNATURE   | egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat | of Florida. Such<br>ions of, Section<br>t and title if applicable | change was aut 607.0505, Florid                          | da Statute   | y the corporati  | ion's board of directors. Thereby accept the  | ATE<br>ERS AND       | DIRECT                  | ORS IN 12  |
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14. I 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 of execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**