## 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 #

P97000014798 (7)

REPELER, INC.

## **FILED** May 07 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			
15440 WOODMAR COURT 15440 WOODMAR COURT WELLINGTON FL 33414 WELLINGTON FL 33414			DO NOT WRITE IN THE	S SPACE
			3. Date Incorporated or Qualified	
	<u></u>		02/14/1997	
2. Principal Place of Business	2a. Mailing Address	NEY PLACE	4. FEI Number	Applied For
Sulte, Apt. #, etc	26 3/63 HEA Suite, Apt. #, etc.	oce 1 louise	65-0730692	Not Applicable
22	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  23 WELLINGTON FL	28 WELLINGON		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	1 2024 V	Country	8. This corporation owes or has paid the c	_ · ·
Name and Address of Current	<del></del>	10	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
	vadistalan ydaur	81 Name		a Agent
SAYRE, ROBERT	HEALEY BALL		SAME	
15449-WOODMAR COURT 2162 (+CALCY CLACE B2 Street Address WELLINGTON FL 33414			ess (P.O. Box Number is Not Acceptable)	165
WELLINGTON TE 33414		83	se noce per	<u> </u>
•		184 City WE	TL/NGTON F	85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above pament corporation submitted 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 (milled name of text shared agent)	and title it applicable [NOTE	Registered Agent signature require	ed when reinstating) DATE	
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
HAME ROBERT SAYRE		1.2 NAME		];
STREET ADDRESS 2162 HEALEY RACE		1.3 STREET ADDRESS		
WILL VICE PROJECT	33414	14 CITY-ST-ZIP		
	, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	21 TITLE		L Change L Addition
NAME IRVING FRIEDMAN		2.2 NAME		
STREET ADDRESS 2800 SELKIRK Rd.	5 (JN/15 a	2.3 STREET ADDRESS		
CHY-ST-ZIP BEACHWOOD, DHI	D 44/22	2 4 CITY-ST-ZIP		Change Addition
TITLE SECRETARY	, LI DECEIE	3.1 TITLE		☐ Change ☐ Addition
STEVEN FRIEDMAN STREET ADDRESS 24 BERMUDA CAKE	Da	3.2 NAME		
STREET ADDRESS 24 BERNHUDE CARE	IL EL MANG	3.3 STREET ADDRESS		
THE	JO, FL 33Y/F	3.4. CITY - ST - 7IP 4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
C(TY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 City-St-ZiP		1
TITLE	☐ DELETE	61 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CHY-ST-ZIP		6.4 CITY-ST-ZIP		
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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, John an attachment with an address.