

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

FILED
Apr 13 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P97000028898 (9)

1. Corporation Name

PROFESSIONAL RESTAURANT REPAIR, INC.



| | |
|---|---|
| Principal Place of Business 500 SW 69 TERRACE PEMBROKE PINES FL 33023 | Mailing Address 500 SW 69 TERRACE PEMBROKE PINES FL 33023 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|------------------------|-----------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/31/1997 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 65-0741550 | Applied For Not Applicable |
| 23 Zip | 25 Country | 28 Zip | 30 Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~INCORPORATED PLUS, INC.~~
~~1214 N UNIVERSITY DRIVE~~
~~PLANTATION FL 33322~~

| | |
|---|-------------------------------------|
| 81 Name | DALE P. WILLIAMS |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 500 S.W. 69 TERRACE |
| 83 | |
| 84 City | PEMBROKE PINES FL 85 Zip Code 33023 |

11. 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 a family member, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Dale P. Williams*

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|-------------------------|---|-------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | 11 TITLE | P, D |
| NAME | WILLIAMS, DALE P | 12 NAME | DALE P. WILLIAMS |
| STREET ADDRESS | 500 SW 69 TERRACE | 13 STREET ADDRESS | 500 S.W. 69 TERRACE |
| CITY-ST-ZIP | PEMBROKE PINES FL 33023 | 14 CITY-ST-ZIP | PEMBROKE PINES FL 33023 |
| TITLE | | 21 TITLE | S, T |
| NAME | | 22 NAME | ALBERT GARCIA |
| STREET ADDRESS | | 23 STREET ADDRESS | 15921 S.W. 90 COURT |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | MIAMI FL 33157 |
| TITLE | | 31 TITLE | |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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, or on an attachment with an address.

SIGNATURE: *Dale P. Williams*

3/5/98 305-553833

CR2E034 (10/97)