

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

FILED
Sep 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morikiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000043930
1. Corporation Name
A. & H. X-RAY REPAIR SERVICES, INC.

Principal Place of Business: **6083 BLUEGRASS CIR. LAKE WORTH, FL 33463**
Mailing Address:

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
5/14/97

2. Principal Place of Business
21 **18907 134TH WAY NORTH**
Suite, Apt #, etc.
22
City & State
23 **JUPITER**
Zip
24 **33478**
Country
25 **U.S.A.**

4. FEI Number 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 or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**ANABELLE C. LOPEZ
6083 BLUEGRASS CIR.
LAKE WORTH, FL 33463**

10. Name and Address of New Registered Agent
81 Name **ANABELLE C. LOPEZ**
82 Street Address (P.O. Box Number is Not Acceptable)
18907 134TH WAY NORTH
83
84 City **JUPITER** FL 85 Zip Code **33478**

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: *Anabelle C. Lopez* 6-26-98

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Henry Lopez	
STREET ADDRESS	18907 134th Way N.	
CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Anabelle C. Lopez	
STREET ADDRESS	18907 134th Way N.	
CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Henry Lopez	
STREET ADDRESS	18907 134th Way N.	
CITY-ST-ZIP	Jupiter, FL 33478	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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-09/04/98--01064--032
***558.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 2 or Block 13 if changed or on an attachment with my address.
SIGNATURE: *Henry Lopez* Henry Lopez 8/25/98 (50) 745-4403

CR2E034 (10/97)