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

P97000052783 (2) DOCUMENT #

REPAIR MANAGEMENT SERVICES, INC.

Mailing Address Principal Place of Business 10131 NW 46TH ST. 10131 NW 46TH ST. SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1997 Applied For FEI Number 2. Principal Place of Business 2a. Mailing Address -076 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No Country Zip Country Personal Property Tax due June 30. Yes

10. Name and Address of New Registered Agent 25 30 24 9. Name and Address of Current Registered Agent 81 Name MAISEL, GARY S 600 S. ANDREWS AVE., SUITE 600 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301 83 84 Zip Code City 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1 1 TITLE ☐ Change ☐ Addition TITLE KRAVITZ, RITA 1.2 NAME NAME 10131 NW 46TH ST. 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 1.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE KRAVITZ, TERESA 2.2 NAME NAME 10131 NW 46TH ST. 2.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST- ZIP CITY-ST-ZIP ___ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ■ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

SIGNATURE:

SIGNATURE REQUIRED

14. 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.

FILED

Jan 23 1998 8:00am

Secretary of State