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

,	MEN 1 # P97000 MOBILE REPAIR, INC.	0080862 (0)				
Principal Plac	ce of Business	Mailing Address			T I SEFERANT TIN TO SET ON THE PRINT OF THE SEFERE STRATE STREET STREET)
1261 MORRIS BRIDGE ROAD ZEPHYRHILLS FL 33543		POST OFFICE BOX 2339				
		ZEPHYRHILLS FL 33539		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	OT NOL
					09/18/1997	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3477001	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27]		2. Commodition of States Desired	Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		Zip Country		This corporation owes or has paid the corporation of the corporation owes or has paid the corporation.	
24 25		29	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
	 Name and Address of Current MERILAWYER CHARTERED 	Hegistered Agent	81	Name	10, Name and Address of New Registered	Agent
	3 ALMERIA AVENUE DRAL GABLES FL 33134		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	MAL GADLES FL 33134		83			
			84	City	FI	85 Zip Code
11. Pursuant office or agent. I a SIGNATURE	to the provisions of Sections 607 (502) registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the S	tions of, Soction 607,0505, FI	orida Statutes	i.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the approximately the statement of the purpose of tion's board of directors. I hereby accept the approximately accept the purpose of the	
TITLE	PSTD	DELĒTE	11 1111		ABBITTOTO OF ATTOETS ATT	Change Addition
NAME	MAYBUSH, SANDRA		1.2 NAME			
STREFT ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33543		1.4 CITY - ST	1-7IP		
TITLE	∖ VD	DELETE	2.1 THLF			☐ Change ☐ Addition
NAME	MAYBUSH, MARK		2 ? NAME			
STREET ADDRESS	1261 MORRIS BRIDGE ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	DELETE	2. 4 CITY - S	ST - Z/F		Change Addition
TITLE NAME		[] beckle	3.1 TITLE 3.2 NAME			L_1 Change L_1 Addition
STREET ADDRESS	1		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CHY-S	ł		
TITLE			4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		·
CITY-SI-ZII ²		4.4 CITY - ST	1-20P			
TITLE		5.1 TITLE			Change Addition	
NAME)		5 2 NAME			
STREET ADDRESS	1		5.3 STREET	ADDRESS		
1				I		I
CITY-ST-ZIP		T restrict	54 CITY- ST	T-2/P		Change Laddice
TITLE		DELETE	61 TITLE	T - ZIP		Change Addition
		DELETE				Change Addition

14. Thereby cortify that the information supplied with this filling 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 supplience tall annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

Apr 13 1998 8:00am

Secretary of State