

FILE NOW: FILING FEE AFTER MAY 1ST IS \$5500

FILED

Mar 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morth Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000090707 (5)

1. Corporation Name  
COMPLETE RESTORATION, INC.

Principal Place of Business  
214 WEDGEWOOD CIRCLE  
LAKE WORTH FL 33463

Mailing Address  
214 WEDGEWOOD CIRCLE  
LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1997

4. FEI Number

65-0799696

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

10. Name and Address of New Registered Agent

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3. City

FL

85

Zip Code

2. Principal Place of Business

21 Same as above

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

27

City & State

28

Zip

29

City

30

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the  
office or registered agent, or both, in the State of Florida. Such change was authorized by the  
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the named corporation submits this statement for the purpose of changing its registered  
agent. I hereby accept the appointment as registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TAMECKI, DOMINIQUE  
STREET ADDRESS 214 WEDGEWOOD CIRCLE  
CITY - ST - ZIP LAKE WORTH FL 33463

TITLE VD ☐ DELETE

NAME TAMECKI, RAFAL  
STREET ADDRESS 214 WEDGEWOOD CIRCLE  
CITY - ST - ZIP LAKE WORTH FL 33463

TITLE SD ☐ DELETE

NAME TAMECKI, BOZENNA  
STREET ADDRESS 214 WEDGEWOOD CIRCLE  
CITY - ST - ZIP LAKE WORTH FL 33463

TITLE TD ☐ DELETE

NAME TAMECKI, MARK  
STREET ADDRESS 214 WEDGEWOOD CIRCLE  
CITY - ST - ZIP LAKE WORTH FL 33463

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.

1.

1. STREET ADDRESS

1.

1.

1. CITY - ST - ZIP

2.

2.

2. STREET ADDRESS

2.

2.

2. CITY - ST - ZIP

3.

3.

3. STREET ADDRESS

3.

3.

3. CITY - ST - ZIP

4.

4.

4. STREET ADDRESS

4.

4.

4. CITY - ST - ZIP

5.

5.

5. STREET ADDRESS

5.

5.

5. 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 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 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:

*Tamecki*

3-17-98 (55) 439-0056

CR2E034 (10/97)