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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000101722

1. Corporation Name

PALM REACH REPAIR SERVICES, INC.

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90021 045 \*\*\*150.00



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|---|--|---|--|--|--|---|-----------------|------------------------------------|---------------------------------|-------------------------|----------------------|---------------|---------------------------|-----------------------|---------------------------------|
| Principal Place   | e of Business  | Maili   | ing Address  |  |  |   |                 |                                    | 111 <b>08</b> 7 11 <b>8</b> 181 | )                       | 1 EB111 BB11         | B) (1914 B)   | 1141 27471 14             |                       | 181                             |
| 1307 SUMMIT F   | RUN CIRCLE   | 1307  | SUMMIT RUN CIRCL   | E  |  |   |                 |                                    |                                 |                         |                      |               |                           |                       |                                 |
| WEST PALM BEACH FL 33415 WEST PALM BEACH FL 334   |  |   |  |  |  |   |                 | 1                                  | D                               | O NOT W                 | RITE IN              | THIS S        | SPACE                     |                       |                                 |
|   |  |   |  |  |  |   |                 | 3. Date Inco                       |                                 |                         |                      |               |                           |                       |                                 |
|   |  |   |  |  |  |   |                 | 12/01/                             | •                               | 0, 444                  |                      |               |                           |                       | ]                               |
| 2. Principal Pl   | ace of Business  | 2a. N   | Mailing Address  |  | _  |   |                 | 4. FEI Num                         |                                 | _                       |                      |               |                           | Applied               | For                             |
| 21  |  | 26  |  |  |  |   |                 | 65-082                             | 1422                            |                         |                      |               |                           | Not App               | licable                         |
| Suite, Apt.   | #, etc.  |   | Suite, Apt. #, etc.  |  |  |   |                 | 5. Certificate of Status Desired   |                                 |                         |                      |               | \$8.75 Additional         |                       |                                 |
| 22  |  | 27  |  |  |  |   |                 | 5. Centicate                       | e of Statu                      | s Desired               |                      |               | Fee                       | Require               | d                               |
| City & State  |  | - (   | City & State   |  |  |   | -               | 6. Election                        | Campaigr                        | Financir                |                      |               | \$5.0                     | 0 мау                 | Be                              |
| 23  |  | 28  |  |  |  |   |                 | Trust Fur                          | nd Contrib                      | oution                  | '9 🗀                 |               | Adde                      | d to Fee              | es                              |
| Zip   | Country  | Z   | Zip  | Cou  | intry  | -   |                 | 8. This corp                       | oration o                       | wes the c               | urrent ye            | ear Inta      | ngible                    |                       |                                 |
| 24  | 25   | 29  |  | 30   |  |   |                 | Personal                           | Property                        | Tax.                    |                      |               | ✓ Yes                     | N                     | <u> </u>                        |
|   | 9. Name and Address of Curre   | nt Registe  | red Agent  |  | $\Box$   |   |                 | 10. Name ar                        | nd Addre                        | ss of Nev               | v Regist             | tered A       | gent                      |                       |                                 |
|   |  | <del>-</del>                                      |  |  | 81   | Nai   | me              |                                    |                                 |                         |                      |               |                           |                       |                                 |
|   | MB, DANIELLE   |   |  |  | 82   | Str   | arhh4 tea       | ess (P.O. Box N                    | lumber is                       | Not Acce                | ntable)              |               |                           |                       |                                 |
|   | i se 14th street   |   |  |  | -  | 0.,,  | OUI Madio       | ,50 (1 .O. DOX 1                   | 10111001 10                     | 110111000               |                      |               |                           |                       |                                 |
| DEE   | RFIELD BEACH FL 33441  |   |  |  | 83   |   |                 |                                    |                                 |                         |                      |               |                           |                       |                                 |
|   |  |   |  |  |  |   |                 |                                    |                                 |                         |                      |               | Tee 7:                    | p Code                |                                 |
|   |  |   |  |  | 84   | City  | У               |                                    |                                 |                         | •                    | FL            | 85  Zi                    | p Code                |                                 |
| 11. Pursuant office or reagent. La  | to the provisions of Sections 607,050<br>egistered agent, or both, in the state<br>m familiar with and accept the oblig  | 02 and 607<br>of Florida<br>dions of S            | 7.1508, Florida Statu<br>. Such change was a<br>Section 607.0505, Flo  | ites, the a<br>authorized<br>orida Stat  | bove<br>by tutes.  | a-nam<br>the c  | ned corporation | ration submits<br>n's board of dir | this state<br>ectors. I I       | ment for t<br>nereby ac | he purpo<br>cept the | ose of c      | hanging<br>tment as       | its regis<br>register | tered<br>ed                     |
| office or re<br>agent. I as   | egistered agent, or both, in the state<br>m familiar with and accept the oblig<br>signature, typed or printed name of registered age   | e of Florida<br>ations of S<br>ent and title if a | Such change was a Section 607,0505, Flo ) pplicable. (NOT)   | authorized<br>orida Stat<br>E: Registered  | d by tutes.  | the c   | corporation     | yhen reinstating)                  | ectors. I r                     | ereby ac                | 3/8<br>0/            | appoint<br>TE | ment as                   | register              |                                 |
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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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR