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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

T# P97000103763 (3)

ADVANTAGE REPAIR & CONSTRUCTION, INC.

## FILED May 01 1998 8:00am Secretary of State

ADVANTAGE REPAIR & CONSTRUCTION, INC.											
Principal Place of Business			Mailing Ad	Mailing Address				i in biin bi isa sasis sansa Baisi nusii abia	)	A MEIDD HIN COOL	
1332 OLD K	INGS ROAD		1332 OLD KINGS ROAD								
HOLLY HILL	FL <b>32</b> 117		HOLLY H	HOLLY HILL FL 32117							
							L	DO NOT WRITE II	N THIS SPACE		
								<ol> <li>Date Incorporated or Qualified</li> <li>12/10/1997</li> </ol>			
2. Principal Place of Business			2a. Mailing	2a. Mailing Address				4. FEI Number		Applied For	
21			26					<u> 59-3482343</u>		Not Applicable	
Suite, Apt. #, étc.			<b> </b>	Suite, Apt. #, etc.				5. Certificate of Status Desired	<del>                                  </del>	5 Additional	
22			27							Required	
City & State			<u>├</u>	City & State				6. Election Campaign Financing	· .	May Be	
Zip Country			28)	Zip Country						d to Fees	
Zip 24			<u>├</u> ┐ `	ļ-	_	У		8. This corporation owes or has paid			
24	A Nama	and Address of Cur	29		30			Personal Property Tax due June 3  O. Name and Address of New Regi		No No	
			rent negistered A	Seur	81	Name		U, Hame and Address of New Regi	stered Agent		
AMERILAWYER						Ivalito	•				
	13 ALMERIA						Address	ddress (P.O. Box Number is Not Acceptable)			
C	ural gabi	ES FL 33134									
					84	City			85 Zi	p Code	
44.5				- El-11- 8		ᆚ			FL  °°   '		
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 two stored agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE											
45	Signature, typed	or printed name of registered	AND DIRECTORS	de (NOTE:		rutsingia mer	re required wh		DATE DIDECT	200 111 40	
12.	PTO	OFFICERS		DELETE	13. 1.1 TITLE		m	ADDITIONS/CHANGES TO OFFICE	Chang		
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4. 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.

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