

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000105486**

INDUSTRIAL BATTERY & CHARGER REPAIR, INC.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90038 048 ***158.75



	•							
Principal Place of Business Mailing Address					- 1 109918801 110 19111 (Kārts gartt) ophit secon mont	EBIDI DIKI BIRAC		
343 ALMERIA AVENUE CORAL GABLES FL 33134 343 ALMERIA AVENUE CORAL GABLES FL 33134					DO NOT WRITE IN THIS SPACE			
	•				3. Date Incorporated or Qualifed			
	•				01/01/1998		(
2. Principal PI	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
	ALPINE LAKE DRIVE	26 P.O. BOX 3030			59-3520092	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					a a way a country beginning to	\$8.75	Additional	
22 27					5. Certificate of Status Desired	Fee Re	equired	
	Burn the second second	City & State		-	-6. Election Campaign Financing	\$5.00	May Be	
BRANDON, FLORIDA 28 Brandon, Florid			ida		Trust Fund Contribution	Added	to Fees	
Zip . Country Zip C			Country		8. This corporation owes the current year In		ایا	
24 33511 25 HILLSBOROUGH 29 33509-3030 30 H				HILLSBOROUGH Personal Property Tax. Yes XVINo				
= 11	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
				81 Name E.S. COLLER				
AMERILAWYER				Street Addre	et Address (P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE			"	124	1246 Alpine Lake Drive			
COR	AL GABLES FL 33134		83				Ì	
			84	City		85 Zip	Code	
	•		1	Bra	andon, FL		Code 11	
1002 4500 Logg 4500 Florida Statute the share proportion submits this statement for the purpose of changing its registered								
11. Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statutes, the above-riamed corporation's door of the state of the appointment as 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.								
=	C = C + O	April 12	. 1999	1				
SIGNATURE	Signature, typed or printed name of registered agent is	President and title if applicable. (NOTE: Reg	jistered Age	nt signature required	when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PD	DELETE	1.1 TITLE	F	PD	Change	☐ Addition	
NAME	COLLER, E S		1.2 NAME) C	OLLER, E.S.		ì	
STREET ADDRESS	·		1.3 STREE	TADDRESS 1	1246 ALPINE LAKE DRIVE			
CITY-ST-ZIP			1.4 CITY-5		RANDON, FLORIDA 33511			
TITLE			2.1 TITLE		SVT	Change	☐ Addition	
NAME			2.2 NAME		OLLER, STEVEN J.		-	
STREET ADDRESS	AND COLUMN TOTAL CORPET				246 ALPINE LAKE DRIVE			
CITY-ST-ZIP	l L				RANDON, FLORIDA 33511			
TITLE	The state of the s	DELETE .	3.1 TITLE		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Change	Addition	
NAME	321		3.2 NAME		,	•		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		3.3 STREE	TADDRESS			}	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME	.			\ \	
STREET ADORESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-1					
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME	, ,		5.2 NAME	I	•			
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP	•	_		
TITLE			6.1 T/TLE			☐ Change	Addition	
NAME			6.2 NAME			•		
STREET ADDRESS			6.3 STREE	ET ADDRESS			İ	
CITY OF ZIP			6.4 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 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:

QQUARE:!JOILER INTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 1999 (813) 677-3000

Date