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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000021300

1. Corporation Name

## FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90006 034 \*\*\*150.00

LAWIF AF	FAIRS & REPAIRS, INC.								
Principal Place	of Business	Mailing Address							
3701 VIRGINIA DRIVE 3701 VIRGINIA DRIVE ORI ANDO FL 32803 ORLANDO FL 32803									
ORLANDO FL 32803 ORLANDO FL 32803						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qu	alifed	·	
						03/05/1998			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	2 - 4 2	<del>   </del>	olied For
21		26				47-377	3003		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Des	ired 🗌	<b>\$8.75</b> A Fee Re	
22		27 City & State				A. Election Compaign Fine	noina		May-Be
City & State	<del></del>	28				6Election Campaign Fine Trust Fund Contribution	1 1	Added to	
Zip	Country	Zip	Cou	ntry		8. This corporation owes to			
24	25	29	30	•		Personal Property Tax.			□No
	9. Name and Address of Currer					10. Name and Address of	New Registered	Agent _	
				81 N	ame			-	
HOHNADEL, SHERYL				82 S	treet Addre	Iress (P.O. Box Number is Not Acceptable)			
1	VIRGINIA DRIVE								
UHLA	ANDO FL 32803			83					
				84 C	ity		CI	85 Zip C	ode
						at a sub-site this statement	FL.	changing its	registered
11. Pursuant to	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Stat of Florida, Such change was	tutes, the all authorized	bove-na I by the	orporation	n's board of directors. I hereby	accept the appoi	intment as reg	istered
agent. I ar	m familiar with, and accept the obliga	tions of Section 607.0505, F	Florida Stati	utes.			2//6	20	
SIGNATURE	Signature, typed or prifiled name of registered age	hour	TE: Begietored	Agent sign	nature required	when reinstating)	) 5/ /	/	
12.		ID DIRECTORS	13.	Agont aig	nakara regalita	ADDITIONS/CHANGES	TO OFFICERS AN	ND DIRECTO	RS IN 12
TITLE	D	☐ OELETE	1.1 TI	TLE			•	☐ Change	
NAME	HOHNADEL, SHERYL								☐ Addition
STREET ADDRESS	3701 VIRGINIA DRIVE		1.2 NA	ME.				Change .	☐ Addition
CITY-ST-ZIP	3/01 VINGIINA DRIVE			AME REET ADD	ORESS			Change .	Addition
	ORLANDO FL 32803		1.3 ST						
TITLE		<b>≸</b> -DELETE	1.3 ST	REET ADO		,		☐ Change	Addition Addition
	ORLANDO FL 32803	<b>∰</b> DELETE	1.3 ST	TREET ADO TY-ST-ZIP TLE					
TITLE	ORLANDO FL 32803 D BERNATH SANDRA 1888 BISSAYNE BR	<b>F</b> ADELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA	TREET ADO TY-ST-ZIP TLE			<u></u>		
TITLE NAME	ORLANDO FL 32803 D BEHNATH SANDRA		1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C	TREET ADD TY-ST-ZIF TLE AME TREET ADD	DRESS		****	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	ORLANDO FL 32803 D BERNATH SANDRA 1888 BISSAYNE BR	<b>F</b> ADELETE	1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C	TREET ADD TY-ST-ZIP TLE AME TREET ADD TTY-ST-ZIE	DRESS			☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32803 D BERNATH SANDRA 1888 BISSAYNE BR		1.3 ST 1.4 CF 2.1 TF 2.2 NV 2.3 ST 2.4 C 3.1 TF 3.2 NV	TREET ADO TY-ST-ZIP TLE AME TREET ADD TY-ST-ZIP TLE	DRESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	ORLANDO FL 32803 D BERNATH SANDRA 1888 BISSAYNE BR		1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST	TREET ADD TY-ST-ZIF TLE AME TREET ADD TT-ST-ZIF TLE	DRESS P DRESS			☐ Change	☐ Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	ORLANDO FL 32803 D BERNATH SANDRA 1888 BISSAYNE BR		1.3 ST 1.4 CI 2.1 TI 2.2 Nv 2.3 ST 2.4 C 3.1 TI 3.2 Nv 3.3 ST 3.4. C	TREET ADD TY-ST-ZIP TLE AME TREET ADD TLE TLE TREET ADD TLE TREET ADD TREET ADD TLE	DRESS P DRESS			☐ Change	☐ Addition
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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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Daytime Phone #