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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000062242

MICHAEL F. RUNGE APPLIANCE REPAIR, INC.

Prin	cipai r	race	Oī	Busir
5949	JUDO	FALL	s	RD.

Mailing Address

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90124 001 \*\*\*150.00



5949 JUDO FALLS RD. LANTANA FL 33463		5949 JUDO FALLS RD. LANTANA FL 33463		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed 07/13/1998				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	<i>⊢</i>	Applied For		
		26		65-0849864		Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired		5. Certificate of Status Desired	S8.75 Additional Fee Required				
City & State City & State					May Be d to Fees				
Zip إير	Country	Zip 30	country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
9. Name and Address of Current Registered Agent		$\neg$		10. Name and Address of New Registered	Agent				
			81	Name					
RUN	GE, MICHAEL F			i					
5949 JUDO FALLS RD.			82 Street Address (P.O. Box Number is Not Acceptable)						
LANI	TANA FL 33463		83	İ			{		
			84	City	FL	85 Zij	p Code		
office or re agent. I as SIGNATURE	egistered agent, or both, in the State	of Florida. Such change was authori ations of, Section 607.0505, Florida S	zed by tatutes	the compo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the apportunity board of directors are provided in the purpose of oration's board of directors.	ntment as	registered		
12.			3.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIREC	TORS IN 12		
TITLE	D	☐ DELETE 1.	1 TITLE		Rungeimichael	Change	je Addition		
NAME	RUNGE, MICHAEL F	1.	2 NAME	}	5949 TUDD Falls R	أباأ	, )		
STREET ADDRESS	SS 5949 JUDO FALLS RD.		3 STREET	ADDRESS	5999 3 000 1 20 5	200	0		
CITY-ST-ZIP	LANTANA FL 33463		4 CITY-S1	r-zip	Lake worth, The S	<u> </u>	<u>)                                    </u>		
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STREET ADDRESS		2.	3 STREET	ADDRESS			(		
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CITY-ST-ZIP			4 CITY-ST	- 211	<u> </u>	☐ Chang	e Addition		
TITLE						∟ charig	e Nadition		
NAME		8.	2 NAME	+DDDECO			J		

64 CITY-ST-ZIP 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 supplierhental annual report is the 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**