

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S13936 (7)

1. Corporation Name

SOUTH FLORIDA MEDICAL REPAIRS, INC.

Principal Place of Business

4340 NW 19TH AVE.
#8G
POMPANO FL 33441
US

Mailing Address

4340 NW 19TH AVE.
#8G
POMPANO FL 33441
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/19/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0236665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MYHILL, JOHN D.
605 SOUTHEAST 12TH AVENUE
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name

CAVINESS, RON F.

82 Street Address (P.O. Box Number is Not Acceptable)

83

3926 NW 90th AVE

84 City

SUNRISE FL 33351 FL

85 Zip Code

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: *Ronald Caviness*

Signature, typed or printed name of registered agent and title if applicable.

RON F. CAVINESS, PRES.

X 4-4-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP
MYHILL, JOHN D.
605 S.E. 12TH AVENUE
DEERFIELD BEACH FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DVP
CAVINESS, RON F.
8033 N.W. 71ST COURT
TAMARAC FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
SWIDERSKI, SUSAN E.
605 SE 12TH AVENUE
DEERFIELD BEACH FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
CAVINESS, LINDA
8033 NW 71ST COURT
TAMARAC FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DP

3926 NW 90th AVE

SUNRISE FL 33351

DP

3926 NW 90th AVE

SUNRISE FL 33351

DP

3926 NW 90th AVE

SUNRISE FL 33351

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Ronald Caviness* Ronald Caviness

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/26/96 (95) 975-9400

Daytime Phone #

CR2E034 (12/95)