

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S22798**

(0)

1. Corporation Name  
**CHEROKEE REPAIR SERVICES, INC.**

Principal Place of Business  
**4784 NORTHWEST 167TH STREET  
MIAMI FL 33014**

Mailing Address  
**4784 NORTHWEST 167TH STREET  
MIAMI FL 33014-6427**



2. Principal Place of Business  
21 **16257 NW 54 Ave**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Miami FL**  
Zip Country  
24 **33014** 25 **USA**

2a. Mailing Address  
26 **16257 NW 54 Ave**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Miami FL**  
Zip Country  
29 **33014** 30 **USA**

3. Date Incorporated or Qualified  
**01/04/1991**  
3a. Date of Last Report  
**05/01/1996**  
4. FEI Number  
**65-0236137**  
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**  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**WHEELER, WILLIAM E.  
4784 NORTHWEST 167TH STREET  
MIAMI FL 33014**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**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 registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
1. **P  
WHEELER, WILLIAM E.  
4784 NE 167 ST  
MIAMI FL  
VP  
WHEELER, SUSAN  
4784 NE 167 ST  
MIAMI FL**  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
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31 TITLE ☐ Change ☐ Addition  
32 NAME  
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52 NAME  
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54 CITY-STATE-ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I do 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.

SIGNATURE: **Susan Wheeler, VP** **4/30/97 305 624 9466**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (9/96)