

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Mikoy
Secretary of State
Division of Corporate Information

**APPROVED
AND
FILED**

MAY 10 1995 10:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S73666 (7)

**1. Corporation Name
JOE BORRELLI'S REPAIRS AND MAINTENANCE, INC.**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business Mailing Address
1408 N.W. 62ND TERRACE
MARGATE FL 33063 1408 N.W. 62ND TERRACE
MARGATE FL 33063**

3. Date incorporated or Qualified 08/14/1991 3a. Date of Last Report 04/20/1994
4. FEI Number 65-0279936 **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. 190.002 Florida Statutes ☒ **Yes** ☐ **No**

2. Principal Place of Business 2a. Mailing Address
21. Suite Apt # etc. 26. Suite Apt # etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

**BORRELLI, JOSEPH J.
1408 N.W. 62ND TERRACE
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. For each of the provisions of Sections 607.001 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as permitted in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment of registered agent. I hereby accept the qualifications of the agent of Sections 607.001 Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of New Registered Agent

001

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CORPORATE OFFICERS AND DIRECTORS	
1. NAME BORRELLI, JOSEPH J. 1408 N.W. 62 TERR. MARGATE FL	1. NAME	2. NAME	2. NAME
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.001-190.002 Florida Statutes. I further certify that the information included 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 1 of this filing, or on an attachment with an address.

SIGNATURE: Joseph J. Borrelli
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95