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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V63384

(4)

RELIABLE REPAIRS, INC.

Principal Place of Business

Mailing Address

12270 S.W. 117TH COURT MIAMI FL 33186

12270 S.W. 117TH COURT MIAMI FL 33186-5203

**FILED** Jan 14 1997 8:00am Secretary of State



							Date Incorporated or Qualified 09/11/1992		e of Last P 1/1996	leport	
2. Principal Place of Business 2a. Mailing Address							FEI Number		TAI	oplied For	
21	26					65-0354045		No	ot Applicable		
Suite, Apt. #, etc Suite, Apt. #, etc						<u> </u>	Contillants of Chates Desired		\$8.75	Additional	
27						<b>5</b> .	Certificate of Status Desired	<u></u>	Fee R	equired	
City & State		City & State				6.	Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Co	untry	'	8.	This corporation has liability for	_ ~ _		. 199.032,	
24	25	29	30	<b>_</b>				Yes _			
	Name and Address of Current	l Registered Agent		-	T	10.	Name and Address of New Ro	gistered A	gent		
DONLON, ROBERT M.					81 Name						
1645 PALM BEACH LAKES BLVD.					82 Street Address (P.O. Box Number is Not Acceptable)						
· SUITE 800										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
WEST P	PALM BEACH FL 33401-2264			83							
				84	Crty			FL	<b>85</b> Zip	Code	
	e provisions of Sections 607.0503			$oxed{oxed}$	L				<u> </u>		
office or regist agent. I am far	e provisions or Sections 607.0506 tered agent, or both, in the State miliar with and accept the obliga	of Florida. Such change was	authorize	ed by	the corporat	tion's b	poard of directors. I hereby acce	pt the appo	intment as	registered	
SIGNATURE Signal	iture, typed or printed name of registered age	n: and title if applicants (NO	IE Register	ed Age	ent signature requir	red when	reinstating)	DATE		<del></del>	
12.	OFFICERS AND		13.			A	ADDITIONS/CHANGES TO OFFI				
TITLE		DELETE	1.1 1	TITLE					Change	Addition	
	onnor, seth	•	1.21	NAME							
4	2270 S.W. 117TH CT.		1.3 \$	STREET	ADDRESS						
CITY - ST - ZIP	IAMI FL 33186		140	CITY-S	IT - ZIP						
TITLE		☐ DELETE	211	TITLE					Change	Addition	
	onnor, lesue		221	NAME							
	2270 S.W. 117TH CT.		235	STREET	ADDRESS						
CHTY-ST-ZIP	1AMI FL 33185		2.4	CITY-S	ST-ZIP						
THEF S		DELETÉ	3.1 3	TITLE					Change	Addition	
	aines, dan		321	NAME							
	2270 S.W. 117TH COURT		333	STREET	ADDRESS						
CITY-ST-2IP M	IAMI FL 33186		3.4.	CITY-S	ST-ZIP						
TITLE		DELETE	4.1	IITLE					Change	Addition	
NAME			4.2	NAME							
STREET ADDRESS			433	STREET	ADORESS						
CITY-ST-ZIP			4.4 (	CITY-S	ST-ZIP						
TITLE		DELETE	517	TITLE		-			Change	Addition	
NAME			521	NAME							
STREET ADDRESS			535	STREET	ADDRESS						
CITY - ST - ZIF				CITY-S							
TITLE		DELETE		TITLE	/· EII				Change	Addition	
NAME		<u> </u>		NAME							
STREET ADDRESS					ADDRESS						
OTTY OF 7:0				oineei oineei							

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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #