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FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 332314 (4)
1. Corporation Name
SRC OF FLORIDA, INC.

Principal Place of Business Mailing Address
226 E. JOEL BOULEVARD 226 E. JOEL BOULEVARD
LEHIGH FL 33936 LEHIGH FL 33936



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/10/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-1707445	
24 33972		29 33972		5. Certificate of Status Desired	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Applied For	
				Not Applicable	
				5.00 Additional Fee Required	
				5.00 May Be Added to Fees	
				Yes No	

9. Name and Address of Current Registered Agent

ALLISON, JANET
226 E JOEL BLVD
LEHIGH ACRES FL 33972

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. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MORRIS, GREGORY	1.2 NAME	
STREET ADDRESS	226 EAST JOEL BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	ALLISON, JANET	2.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	NATIELLO, JOHN A	3.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	HOLQUIST, LAURA A	4.2 NAME	
STREET ADDRESS	226 E. JOEL BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL 33972	4.4 CITY-ST-ZIP	
TITLE	TAS	5.1 TITLE	
NAME	HORVATH, MARGARET	5.2 NAME	
STREET ADDRESS	226 E. JOEL BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL 33972	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 *John Natello* 2/17/98 946 368-1729

CR2E034 (10/97)