

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 582883 (5)
1. Corporation Name
NATIONAL AUTO SERVICE CENTERS, INC.

Principal Place of Business
1805 SOUTH MISSOURI AVENUE
CLEARWATER FL 34616 33756

Mailing Address
1805 SOUTH MISSOURI AVENUE
CLEARWATER FL 34616 33756



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/21/1978	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1878374	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ELMORE, DAVID 1805 SOUTH MISSOURI AVE CLEARWATER FL 34616 33756		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	ELMORE, DAVID	1.2 NAME	
STREET ADDRESS	1701 MANCHESTER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVIN, LEONARD D.	2.2 NAME	
STREET ADDRESS	1805 S. MISSOURI AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☒ Change ☐ Addition
NAME	POLESKY, MYRA A.	3.2 NAME	
STREET ADDRESS	902 E. ISABELLA AVE.	3.3 STREET ADDRESS	1900 E. Windsong
CITY-ST-ZIP	MESA AZ	3.4 CITY-ST-ZIP	Apache Junction, AZ 85219
TITLE	VPD	4.1 TITLE	☐ Change ☐ Addition
NAME	LEVIN, CAROL J.	4.2 NAME	
STREET ADDRESS	1805 S MISSOURI AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 in an attachment with an address.

SIGNATURE: Leonard D. Levin, President 3-14-98 813-581-4061

CR2E034 (10/97)