


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

FILED

Jan 23 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 # 608287 (9) 1. Corporation Name ORANGE COUNTY SPRING & ALIGNMENT, INC.		



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5495 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839-2771	Mailing Address 5495 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839-2771
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/23/1979	4. FEI Number 59-1873625	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent SWIGERT, BRETT L ESQ 531 N. BAY ST. EUSTIS FL 32726	
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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	
TITLE	CEOD <input type="checkbox"/> DELETE
NAME	HYLANDER, ROBERT
STREET ADDRESS	1017 ELYSIUM BLVD.
CITY-ST-ZIP	MT.DORA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	KAUK, JOSEPH
STREET ADDRESS	7350 TOMERLIN LANE
CITY-ST-ZIP	TANGERINE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HYLANDER, CHARLES
STREET ADDRESS	1017 ELYSIUM BLVD
CITY-ST-ZIP	MT DORA FL
TITLE	TS <input type="checkbox"/> DELETE
NAME	LIGHTSEY, CYNTHIA M.
STREET ADDRESS	7131 LEIGHTON WAY
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HYLANDER, ROBERT
1.3 STREET ADDRESS	HC-1 BOX 626-A
1.4 CITY-ST-ZIP	GEORGETOWN FL. 32139
2.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KAUK, JOSEPH
2.3 STREET ADDRESS	7350 TOMERLIN LANE
2.4 CITY-ST-ZIP	TANGERINE, FL. 32777
3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HYLANDER, CHARLES
3.3 STREET ADDRESS	1711 ROGERS IND. PARK RD.
3.4 CITY-ST-ZIP	OKANAWA FL. 34762
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LIGHTSEY CYNTHIA
4.3 STREET ADDRESS	7131 LEIGHTON WAY
4.4 CITY-ST-ZIP	ORLANDO FL. 32822
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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:

SIGNATURE REQUIRED

1-9-98 (407)855-6610

CR2E034 (10/97)