

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

FILED
May 15 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 # 824838 (7)
1. Corporation Name
AUTHORIZED SERVICE, INC.



Principal Place of Business 3602 CYPRESS STREET P.O. BOX 23606 TAMPA FL 33607-4916	Mailing Address 3602 CYPRESS STREET P.O. BOX 23606 TAMPA FL 33607-4916
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 07/22/1970	4. FEI Number 31-0747629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$8.75 Additional Fee Required		\$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 type="checkbox"/> No						

9. Name and Address of Current Registered Agent SECHRIST, ERIC J. 3602 CYPRESS ST TAMPA FL 33607				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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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 *Eric J Sechrist* Eric J Sechrist 3/2/98
Signature of the registered agent or authorized agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	NAME	SECHRIST, JOHN R.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	207 QUITMAN			1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP	DAYTON, OH 00000			2.1 TITLE		2.2 NAME	
TITLE	P	NAME	SECHRIST, ERIC S	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS	3602 CYPRESS ST			3.1 TITLE		3.2 NAME	
CITY - ST - ZIP	TAMPA FL			3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	S	NAME	HULL, DIANE	4.1 TITLE		4.2 NAME	
STREET ADDRESS	3638 CYPRESS ST			4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP	TAMPA FL			5.1 TITLE		5.2 NAME	
TITLE	VP	NAME	Robert Fowble Sr	5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS	3602 Cypress St			6.1 TITLE		6.2 NAME	
CITY - ST - ZIP	TAMPA FL 33607			6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
TITLE		NAME					
STREET ADDRESS							
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 info 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 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 *Eric J Sechrist* Eric J Sechrist 3/2/98 07/22/98

CR2E034 (10/97)