FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE DIVISION OF COMPORATIONS 96 050 17 0

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1.	Name of	Limited	Partnershi	D

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AUTO SERVICE CENTERS VENTURE, LTD.						
lailing Address 7829 GREENBRIAR PARKWAY		Principal Office Address 7829 GREENBRIAR PARKWAY ORLANDO FL 32819 2a. Principal Office Address		5a. Capital Contributions as Shown on record \$100.00		
OFLANDO FL 32819	ORLANDO FL 32819			5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address			Contributions in FLORIDA to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For		
City & State	City & State	City & State		☐ Not Applicable ☐ \$8.75 Additional		
Zip Country Zip		Country 8. Make check payable to Dept. of State (See n		Fee Required		
9. Name and Address of	Current Registered Agent		10. If changed, new Registe	red Anent/Office		
ROSSMAN, NANCY A	Outstand registered regent	Name	10. It changes, nath riografic	co / garlonice		
7829 GREENBRIAR PKWY		Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32819		Suite, Apt. #, etc.				
		City		FL Zip Code		
			OAT	Ē		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office		11b. City, State & Zip Code	11c. Registration/ Document Number		
CENTRECORP, INC. 7829 GREENBRIAR PKW		PKWY	ORLANDO FL	J38149		
			Escholo - 12/2) ****	(1) 05,22 1 82 5 3/8501073- 016 131,25 ****181,25		
Note: General partners MAY	NOT be changed on this to	orm: an am	endment must be filed to c	hange a general narthe		
12. I do hereby certify that the information supplications from any liability of non-complia	ed with this filing is voluntarily furnished and do ance with Section 119,07(3)(k) in the event that t hat my signature shall have the same legal effec	es not qualify for the the information supp	e exemption stated in Section 119.07(3)(k). Flori blied is deemed exempt from public access. I fu	da Statutes. I release the Division of rther certify that the information indicated		

12.	I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of
	Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on
	this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted
	empowered to execute this report as required by chapter 520, Florida Statutes

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Typed or Printed Name of General Partner Signing Form Nancy A. Rossman, Res. of General Partner Signing Form (407) 3540055