

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -6 PM 3:44

1. Name of Limited Partnership AUTO SERVICE CENTERS VENTURE, LTD.	1a. DOCUMENT # A25674
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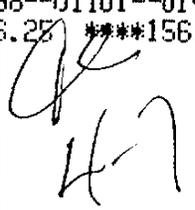
Mailing Address 7820 GREENBRIAR PARKWAY ORLANDO FL 32810	Principal Office Address 7820 GREENBRIAR PARKWAY ORLANDO FL 32810	3. Date Formed or Registered 12/24/1987	5a. Capital Contributions as Shown on record. \$100.00
		3a. Date of Last Report 12/17/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address 6355 Metro West Blvd. Suite, Apt. #, etc. Suite 330 Orlando FL 32835 USA	2a. Principal Office Address 6355 Metro West Blvd. Suite, Apt. #, etc. Suite 330 Orlando FL 32835 USA	6. FEI Number 59-2835850	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent ROSSMAN, NANCY A. 7820 GREENBRIAR PKWY ORLANDO FL 32818	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 6355 Metro West Blvd. Suite, Apt. #, etc. Suite 330 Orlando FL 32835
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

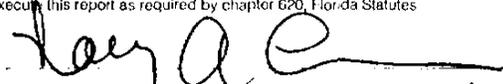
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CENTRECORP, INC.	7820 GREENBRIAR PKWY 6355 METROWEST BLVD. SUITE 330	ORLANDO FL 32835	J38149
			100002486831 -- 6 -04/13/88--01101--014 ****156.25 ****156.25 

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  DATE **4/3/98**

Typed or Printed Name of General Partner Signing Form **NANCY A. ROSSMAN, PRESIDENT OF CENTRECORP, INC.** Telephone Number **(407) 523-2323**

CR2E003 (6/97)