

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G35166** (9)

1. Corporation Name
NORTH SHORE SERVICE CENTER, INC.



Principal Place of Business
**13990 N. CLEVELAND AVE.
N FT MYERS FL 33903**

Mailing Address
**13990 N. CLEVELAND AVE.
N FT MYERS FL 33903**

3. Date Incorporated or Qualified 04/11/1983	3a. Date of Last Report 03/15/1995
4. FEI Number 59-2301889	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes. ☐ Yes ☐ No	
10. Name and Address of New Registered Agent	

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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9. Name and Address of Current Registered Agent

**GALTER, THOMAS J.
205 SE 12 AVENUE
CAPE CORAL FL 33990**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	GALTER, THOMAS J.	2. NAME	
STREET ADDRESS	205 S.E. 12TH AVE.	3. STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4. CITY-ST-ZIP	
TITLE	P	5. TITLE	☐ Change ☐ Addition
NAME	DELIZIA, EDWARD	6. NAME	
STREET ADDRESS	2207 SE 13TH TERR	7. STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 00000	8. CITY-ST-ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(k), 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, on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD DELIZIA 3/25/96 941 656 1220

CR2E034 (12/95)