**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G35166 (9) NORTH SHORE SERVICE CENTER, INC. Principal Place of Business Mailing Address 13990 N. CLEVELAND AVE. 13990 N. CLEVELAND AVE. N FT MYERS FL 33903 N FT MYERS FL 33903 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/11/1983</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2301889 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GALTER, THOMAS J. 205 SE 12 AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 CAPE CORAL FL 33990 83 City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required w OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change TITLE GALTER, THOMAS J. NAME 1.2 NAME 205 S.E. 12TH AVE. STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change NAME DELIZIA, EDWARD 2.2 NAME 2207 SE 13TH TERR STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change 31 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS

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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 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 receipt of froughe 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.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

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5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

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