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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

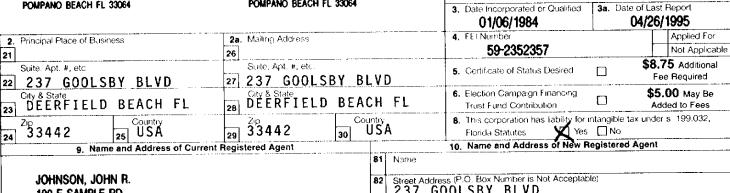
G87358 DOCUMENT #

(9)

SERVICE CENTERS OF SOUTH FLORIDA, INC.

Principal Place of Business % JOHN R. JOHNSON 100 E SAMPLE RD STE 310 POMPANO BEACH FL 33064 Mailing Address

% JOHN R. JOHNSON 100 E SAMPLE RD STE 310 POMPANO BEACH FL 33064



100 E SAMPLE RD **SUITE 100** POMPANO BEACH FL 33064

	10. Name and Address of New Regis	stered A	gent	
 81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)		_	
83				
84	Oity DEFRETEID BEACH	FL	85	Zip Code 33442

1. 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes

SIGNATURE	grance type to proven care of reported agost a cittle based also	OTE Registeron Agent sejeuture re	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DSP DELETE	1 1 TITLE	Change Addition
NAME	JOHNSON, JOHN R.	1.2 NAME	
STREET ADDRESS	100 E SAMPLE RD #100	1.3 STHEET ADDRESS	237 GOOLSBY BLVD
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	☐ DELETE	2 1 THE	Change Addition
NAME		2.2 NAME	
STREFT ADDRESS		2 3 STREET ADDRESS	
CrT v - ST - ZiP		2.4 Criiy - ST - Z:P	
TITLE	☐ DELETE	3 1 TIFLE	Change Addition
NAME		3.2 NAME	
\$1REET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CHY-\$1-7IF	
TITLE	☐ DELETE	4.13065	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CHTY-ST-ZIP		44 CITY - ST - ZIP	
TITLE	DELETE	5 1 THUE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY - ST - ZIF	
TITLE	DELETE	6 1 THEF	☐ Change ☐ Add-tion
NAME		6.2 NAME	
STREET ADDRESS		6.3 STHEET ADDRESS	
C17 x . S7 . 71P		6.4 CHTY - ST - ZIP	

14. Ide hereby certify that the information suppried with this filling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the constraint or the repeiter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name er ori an attachpent with an address

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Johnson 4/22/96 (954) 725-8737