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Feb 14 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # H03405 (8)

1. Corporation Name
AUTO SERVICE CONTRACT COMPANY, INC.



Principal Place of Business
**631 US HIGHWAY ONE, STE 407
P. O. BOX 14007
NORTH PALM BEACH FL 33408**

Mailing Address
**631 US HIGHWAY ONE, STE 407
P. O. BOX 14007
NORTH PALM BEACH FL 33408-0007**

3. Date Incorporated or Qualified
05/14/1984 3a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2407410

Applied For
Not Applicable

21 Suite, Apt. #, etc.
Suite 405
22 City & State

26 Suite, Apt. #, etc.
Suite 405
27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANERA, RONALD J.
631 US HWY. ONE, #307
NORTH PALM BEACH FL 33408**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **Ste. # 405**
84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MANERA, RONALD J.	
STREET ADDRESS	631 US HWY. ONE, #307	
CITY - ST - ZIP	N. PALM BCH. FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MANERA, JOE	
STREET ADDRESS	631 US HWY. ONE, #307	
CITY - ST - ZIP	N. PALM BCH. FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MANERA, TENNESSEE	
STREET ADDRESS	631 US HWY. ONE, #307	
CITY - ST - ZIP	N. PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	631 US Hwy, One # 405
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	631 US Hwy, One # 405
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	631 US Hwy, One # 405
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby 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 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, or on an attachment with an address.

SIGNATURE: _____ DATE: **1-10-97** DAYTIME PHONE: **561-842-1665**

CR2E034 (9/96)