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FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
405
NORTH PALM BEACH FL 33408
US

Mailing Address

631 US HIGHWAY ONE, STE 407
405
NORTH PALM BEACH FL 33408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1984

4. FEI Number

59-2407410

Applied For

Not Applicable

6. 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 631 US Highway One

Suite, Apt. #, etc.

22 Ste. 405

City & State

23 North Palm Beach, FL

Zip

24 33408

Country

25 USA

2a. Mailing Address

26 631 US Highway One

Suite, Apt. #, etc.

27 Ste. 405

City & State

28 North Palm Beach, FL

Zip

29 33408

Country

30 USA

9. Name and Address of Current Registered Agent

MANERA, RONALD J.
631 US HWY ONE, #307
405
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MANERA, RONALD J.
STREET ADDRESS 631 US HWY ONE #405
CITY-ST-ZIP N. PALM BCH. FL

☐ DELETE

TITLE V
NAME MANERA, JOE
STREET ADDRESS 631 US HWY 1 #405
CITY-ST-ZIP N. PALM BCH. FL

☐ DELETE

TITLE ST
NAME MANERA, TENNESSEE
STREET ADDRESS 631 US HWY 1 #405
CITY-ST-ZIP N. PALM BCH. FL

☒ DELETE

TITLE STD
NAME Sandi Lancianese
STREET ADDRESS 631 U.S. Hwy. One, Ste 405
CITY-ST-ZIP N. Palm Beach, FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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:

2/18/98

642-11105

CR2E034 (10/97)