FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # JO
1. Corporation Name

Principal Place of Business

J01954

(3)

Mailing Address

WILES ROAD SERVICE CENTER, INC.

FILED
Mar 27 1997 8:00am
Secretary of State

	DARK BIDIL DIDIR	4181 0181 108 1

Suite, Apt. #, etc. 22 City & State City &	6921 W. CYPRESSHEAD DR PARKLAND FL 33067			8921 W. CYPRESSHEAD DR PARKLAND FL 33067-2180							
2. Marriary Fractor of Status Cold Sta							1 ***			eport	
Source	2. Principal Place of Business 2a. Mailing Address									plied For	
Section Sect	21		26				59-2651453		No	t Applicable	
City & State 2		#, etc.	<u></u>	1		5. Certificate of Status Desired	V = 1 · · · · · · · · · · · · · · · · · ·				
Second Park)				J	6. Election Campaign Financing		\$5.00	May Be	
Zep Zep Zep Zep 30 Sep Through the law under s. 198 0.92	23		28				Trust Fund Contribution	<u> </u>	Added t	o Fees	
Second		Country	Zip	Cou	ntry		B. This corporation has liability for i	ntangibie t	ax under s.	199.032,	
LESCHINSKY, RONALD 821 W CYPRESSHEAD DR PARKLAND FL 33087 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 8	24			30							
B2 Street Address (P.O. Box Number is Not Acceptable) PARKLAND FL 33067 B3 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) B4 City FL B5 Zip Code 11. Fursiant to the previsions of Sections 627 0622 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent. In after the with, not accept the obligations of, Section 607 0507, 5067, 6061 Statutes. SIGNATURE 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DVP LESCHINSKY, SHARON B21 W. CYPRESS HEAD DR. 13. INTEL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LESCHINSKY, SHARON B22 W. CYPRESS HEAD DR. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LESCHINSKY, SHARON B22 W. CYPRESS HEAD DR. 14. City St. 79 PARKLAND FL 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. LESCHINSKY, SHARON B22 W. CYPRESS HEAD DR. 19. LESCHINSKY, RONALD 22. NAME 23. SIREET ADDRESS CITY ST. 79 PARKLAND FL 10. Change Addition 10. Change Addit		Name and Address of C	Current Registered Agent				10. Name and Address of New Re	gistered A	gent		
PARKLAND FL 33067 Ba				į	81	Name					
Salar California First Salar California Salar California First Salar California First Salar California First California Fir				Ì	82	Street Ad	ldress (P.O. Box Number is Not Acceptab	le)			
1. Forsiant to the provisions of Sections 607 05/2P and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, and the purpose of changing its registered agent ag	PAR	KLAND FL 33087			В3						
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Common C					- 1	•					
12	11. Pursuant office or ragent La	to the provisions of Sections 60 egistered agent, or both, in the infamiliar with, and accept the	07.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, Fl	tes, the ab authorized lorida Stat	ove i by utes	-named co the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of on the appo	changing it intment as	s registered registered	
12.	SIGNATUHE		(4.10)	Tr. D				DÁTE			
DVP	46				Age	пт відінніцтв тве			DIRECTOR	S IN 12	
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SIRET ADDRESS 6921 W. CYPRESS HEAD DR.							i i				
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DELETE P										!	
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TITLE				2.4 C	ITY-S	IT-ZIP					
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CHY-SI-ZIP	NAME			3.2 N/	ME						
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1. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 3.19.07(3)(i), Fiorida 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97

(954) 462.8066