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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90109 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J83492

1. Corporation Name
CERTIFIED SERVICE CENTER, INC.

Principal Place of Business
1415-D PINEHURST RD
DUNEDIN FL 34698
US

Mailing Address
1369 SAGE DRIVE
DUNEDIN FL 34698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	1415-D Pinehurst Rd	06/24/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2836475	
22		27		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing	
City & State		City & State		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		7. This corporation owes the current year Intangible	
Zip		34698		Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes the current year Intangible	
Country		USA		Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HAGAN, MARK
1369 SAGE DRIVE
DUNEDIN FL 34698

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HAGAN, MARK	1.2 NAME	
STREET ADDRESS	1369 SAGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	
TITLE	TSD	2.1 TITLE	
NAME	HAGAN, MARIE	2.2 NAME	
STREET ADDRESS	1369 SAGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

MARIE HAGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Date

727-733-1157

Daytime Phone #

CR2E034 (11/98)