

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000067721 (6)

1. Corporation Name  
ORTIZ'S SERVICE CENTER, INC.



Principal Place of Business  
3802/OLEANDER AVENUE  
FT. PIERCE FL 34982  
US

Mailing Address  
3802/OLEANDER AVENUE  
FT. PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3802 South OLEANDER Ave Suite, Apt. #, etc.		2a. Mailing Address 26 3802 South OLEANDER Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/12/1996	
22 City & State 23 Ft. Pierce FL		27 City & State 28 Ft. Pierce FL		4. FEI Number 65-0710271	
24 34982		29 34982		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ORTIZ, ANTHONY 3802 OLEANDER AVENUE FT. PIERCE FL 34982		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 3802 South OLEANDER Ave. 84 City 85 FL Zip Code	
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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	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, ANTHONY	1.2 NAME	
STREET ADDRESS	3802 OLEANDER AVENUE	1.3 STREET ADDRESS	3802 South OLEANDER Avenue
CITY-ST-ZIP	FT. PIERCE FL 34982	1.4 CITY-ST-ZIP	
TITLE	VTSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWTON, BARBARA	2.2 NAME	
STREET ADDRESS	3802 OLEANDER AVENUE	2.3 STREET ADDRESS	3802 South OLEANDER Avenue
CITY-ST-ZIP	FT. PIERCE FL 34982	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Barbara Lawton 4/28/98

CR2ED34 (10/97)