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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700034685

INTERNATIONAL REPLACEMENT SERVICE, INC.

Principal Place of Business 5101 EAST BUSCH BLVD SUITE 5
•.•
TAMPA FL 33617

CITY-ST-ZIP

Mailing Address

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90146 045 ***150.00



SUITE 5	SCH BLAD	SUITE 5				
TAMPA FL 33617		TAMPA FL 33617		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed]	
				04/17/1997		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
		1,,,,,,	<u>th 56th St.</u>		Not Applicable	
Suite, Apt. #, etc. 22 Suite 113		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Tampa, FL.		28 Tampa, FL.		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year Intang	ble	
33617	7 ₂₅ Hillsboro	29 33617	30 Hillsbord	O Personal Property Tax.	Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Age	nt /	
POCCHICALE MADIEV!						
ROSSNGALE, HARVEY J				dress (P.O. Box Number is Not Acceptable)		
5101	EAST BUSCH BLVD			343 Ameria Ave		
SUITE 5			83			
TAMPA FL 33617			84 City	T.	S Zip Code ,	
			84 City	Coral Gables FL	33134	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named cor	rporation submits this statement for the purpose of cha	nging its registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered						
- Telkan A Maria Attarres of Lare 4/28/77						
SIGNATURE	Signature, types of pointed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	ired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE	c/s 5	Change	
NAME	ROSSNAGLE, CONNIE MAE			OSSNAGLE, CONNIE MAE		
STREET ADDRESS	5101 EAST BUSCH BLVD			0740 North 56th St., Sui	te 113	
CITY-ST-ZIP	TAMPA FL 33617			ampa, FL 33617	·	
TITLE		☐ DELETE	2.1 TITLE]	P *	Change XX Addition	
NAME				ROSSNAGLE, HARVEY J.		
STREET ADDRESS			2.3 STREET ADDRESS	10740 North 56th St., Sui	te 113	
CITY-ST-ZIP			2, 4 CITY-ST-ZIP	Tampa, FL 33617		
TITLE		☐ DELETE		v	Change XX Addition	
NAME			3.2 NAME 1	DENLINGER, DEBRA		
STREET ADDRESS				3235 56th AVE., NORTH		
CITY-ST-ZIP				ST. PETERSBURG. FL. 337	114	
πημε		☐ D€LETE	4.1 TITLE r	m	Change XX Addition	
NAME			4.2 NAME	DENLINGER, MARK		
STREET ADDRESS	•			3235 56th AVE., NORTH		
CITY-ST-ZIP				ST. PETERSBURG, FL 337		
TITLE		☐ DELETE	5.1 TITLE		Change	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		\	
			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE			Change Addition	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		Change Addition	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE