

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V09892** (3)

1. Corporation Name  
**SERVICENTER, INC.**

Principal Place of Business Mailing Address

**% JAY VYAS**  
4067D WOODS EDGE CIR.  
PALM BEACH GARDENS FL 33410  
US

**% JAY VYAS**  
4067D WOODS EDGE CIR.  
PALM BEACH GARDENS FL 33410  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/21/1992** 3a. Date of Last Report: **07/06/1994**

4. FEI Number: **65-0326895** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **% JAY VYAS.** 26 **% JAY VYAS.**

Suite, Apt #, etc. Suite, Apt #, etc.

22 **S EAST WOOD DRIVE** 27 **S EAST WOOD DRIVE**

City & State City & State

23 **CARLISLE, PA. 17013.** 28 **CARLISLE, PA.**

Zip Country Zip Country

24 **17013** 25 Country 29 **17013.** 30 Country

9. Name and Address of Current Registered Agent

**VYAS, JAY**  
4067D WOODS EDGE CIR.  
PALM BEACH GARDENS FL 33410

81 Name: **VYAS, JAY**

82 Street Address (P.O. Box Number is Not Acceptable): **S EAST WOOD DRIVE**

83

84 City: **CARLISLE PA FL** 85 Zip Code: **17013**

10. Name and Address of New Registered Agent

81 Name: **VYAS, JAY**

82 Street Address (P.O. Box Number is Not Acceptable): **S EAST WOOD DRIVE**

83

84 City: **CARLISLE PA FL** 85 Zip Code: **17013**

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) \_\_\_\_\_ (Printed Name of Registered Agent when registering) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VYAS, JAY</b>	1.2 NAME	
STREET ADDRESS	<b>4067D WOODS EDGE CIR.</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PALM BEACH GRDNS FL</b>	1.4 CITY, ST, ZIP	
TITLE	<b>V.P.</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRAFUL D. VYAS.</b>	2.2 NAME	
STREET ADDRESS	<b>S EAST WOOD DRIVE</b>	2.3 STREET ADDRESS	<b>S EAST WOOD DRIVE</b>
CITY, ST, ZIP	<b>CARLISLE, PA. 17013.</b>	2.4 CITY, ST, ZIP	<b>CARLISLE, PA. 17013.</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>500001517115</b>
CITY, ST, ZIP		3.4 CITY, ST, ZIP	<b>-06/20/95--01038--001</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<b>***225.00</b>
CITY, ST, ZIP		4.4 CITY, ST, ZIP	<b>***225.00</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), Florida Statutes. I further certify that the information contained on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made by me. 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 as an attachment with an address.

SIGNATURE: **Jay Vyas** **JAY VYAS, DIRECTOR, 5/30/95** 717-243-7790

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR