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FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **V48153** **(3)**

1. Corporation Name
FIX-A-FONE SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
2329 E FOWLER AVE **TAMPA FL 33612** **US**	**2329 E FOWLER AVE** **TMPA FL 33612** **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	11502 N. NEBRASKA AVE	26	SAME
Suite, Apt. #, etc		Suite, Apt. #, etc	
22	#109	27	
City & State		City & State	
23	TAMPA FL.	28	
Zip	Country	Zip	Country
24	33612 25 Hillsborough	29	30

3. Date Incorporated or Qualified: **06/29/1992**

4. FEI Number: **59-3132048** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

ALOJIPAN, LOUELLA M.
2329 E FOWLER AVE
TAMPA FL 33612

10. **Name and Address of New Registered Agent**

81 Name: LOVELLA M. BOUDREAU
82 Street Address (P.O. Box Number is Not Acceptable): 11502 N. NEBRASKA AVE.
83: #109
84 City: TAMPA **FL** 85 Zip Code: 33612

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] DATE: 4.20.98
Signature required when reinstating (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ALOJIPAN, LOUELLA M.		1.2 NAME	LOVELLA BOUDREAU	
STREET ADDRESS	2329 E FOWLER AVE		1.3 STREET ADDRESS	11502 N. NEBRASKA AVE #109	
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY-ST-ZIP	TAMPA, FL. 33612	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BOUDREAU, MARK A.		2.2 NAME		
STREET ADDRESS	2329 E FOWLER AVE		2.3 STREET ADDRESS	11502 N. NEBRASKA AVE 109	
CITY-ST-ZIP	TAMPA FL 33612		2.4 CITY-ST-ZIP	TAMPA, FL. 33612	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: [signature] 4.20.98