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Apr 13, 1999 8:00 am
Secretary of State

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0003997

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 841269

1. Corporation Name
KINNEY PARKING, INC.



Principal Place of Business Mailing Address
~~60 MADISON AVE~~ ~~60 MADISON AVE.~~
~~NEW YORK NY 10010-1600~~ ~~NEW YORK NY 10010-1600~~
2401 21ST AVE S. #200 **SAME**
NASHVILLE, TN 37212

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	08/16/1978	13-2688558	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>	5.00 May Be Added to Fees	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	
23	28	8. This corporation owes the current year Intangible Personal Property Tax.		
Zip Country	Zip Country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24	29	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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	P. <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, SAUL P.	1.2 NAME	SEE
STREET ADDRESS	60 MADISON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	KATZ, LEWIS	2.2 NAME	ATTACHED
STREET ADDRESS	60 MADISON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	SCARPATI, JOSEPH	3.2 NAME	ATTACHED
STREET ADDRESS	60 MADISON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	EVCF <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MICHALOFSKY, MICHAEL	4.2 NAME	ATTACHED
STREET ADDRESS	60 MADISON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MITTLEMAN, PHILIP.	5.2 NAME	ATTACHED
STREET ADDRESS	60 MADISON AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	ATTACHED
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: Katherine Harris SIGNATURE REQUIRED
 Date: 4-29-99 Daytime Phone #: 615-297-4255

CR2E034 (1/1/98)