


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

FILED

**Mar 30 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 # P00480 (4)

1. Corporation Name
CENTRAL PARKING SYSTEM OF FLORIDA, INC.



Principal Place of Business % MONROE J CARELL, JR 2401 21ST AVENUE, SOUTH SUITE 200 NASHVILLE TN 37212	Mailing Address % MONROE J CARELL, JR 2401 21ST AVENUE, SOUTH SUITE 200 NASHVILLE TN 37212
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

3. Date Incorporated or Qualified 12/30/1983	
4. FEI Number 62-1190082	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	CARELL, MONROE J, JR	
STREET ADDRESS	2401 21ST AVE S. STE 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOND, JAMES H.	
STREET ADDRESS	2401 21ST AVE S STE 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ABBOTT, HENRY J.	
STREET ADDRESS	2401 21ST AVE S STE 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOLFE, JEFF	
STREET ADDRESS	2401 21ST AVE S., SUITE 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EADS, EMANUEL J.	
STREET ADDRESS	2401 21ST AVE S SUITE 200	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	TISDELL, STEPHEN	
STREET ADDRESS	2401 21ST. AVE. S. STE. 200	
CITY-ST-ZIP	NASHVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Henry J Abbott* *Henry J Abbott* 3/30/98 (615) 292-4255

CR2E034 (10/97)