

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$650 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 29 AM 11:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P10284 (8)

1. Corporation Name
FAST FARE, INC.

Principal Place of Business ONE NORTH CHARLES ST. BALTIMORE MD 21201-0711	Mailing Address ONE NORTH CHARLES ST. BALTIMORE MD 21201-0711
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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

3. Date Incorporated or Qualified 05/30/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 23-2080523	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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	V	<input type="checkbox"/> DELETE
NAME	ROSENBERG, EDWARD L	
STREET ADDRESS	ONE NORTH CHARLES ST.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	WHEELER, JOHN E, JR	
STREET ADDRESS	ONE NORTH CHARLES ST.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OWSLEY, THOMAS L	
STREET ADDRESS	ONE NORTH CHARLES ST.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ZDUNEK, CAROLE R.	
STREET ADDRESS	ONE NORTH CHARLES ST.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSENBERG, FRANK B	
STREET ADDRESS	1 NORTH CHARLES ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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 *****165.00 *****165.00

02-29-97

14. I do 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 REQUIRED: _____

CR2E034 (4/97)

2082



Fast Fare, Inc.
A Subsidiary of Crown Central Petroleum Corporation
One North Charles P.O. Box 1168
Baltimore, Maryland 21203
301-539-7400

July 28, 1997

Division of Corporation
Attn.: Annual Reports
P.O. Box 6327
Tallahassee, Florida 32314

Re: Failure to File 1997 Annual Report
Federal ID # 23-2080523

Dear Sirs,

I am writing this in response, to the additional penalty of \$385.00 we have been assessed for our annual return due on May 1, 1997.

The return in question was never received by Fast Fare, and due to a changes in tax department, was never questioned. We were notified by our service company, it had not been filed, and Fast Fare acted upon immediately. It was an unfortunate mistake that Fast Fare's return was not filed on time. It was never, Fast Fare's intention to gain any advantage by delaying filing the return.

Enclosed is the return with a payment of \$165.00. As you review Fast Fare's compliance history for the past few years, you will notice the returns have been filed on time. We hereby, formally request a waiver of the penalty totaling \$385.00.

We are sorry for the inconvenience this may have caused you, and your department. We trust the correct decision regarding this matter will be made. Should you have any questions please feel free to call me.

Very Truly Yours,

A handwritten signature in cursive script that reads "Ms. Virginia L. Sly".

Ms. Virginia L. Sly
Tax Administrator
Fast Fare Inc.
(410) 539-7400 ext. 4586