SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

Aug 26 1998 8:00am PROFIT · FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (6)1. Corporation Name TREASURE COAST TAXI INCORPORATED Principal Place of Business Mailing Address 1802 BURGANDY LANE 1802 BURGANDY LANE PORT ST. LUCIE FL 84952 PORT ST. LUCIE FL 34952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1992 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 65-0376666 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No Zip Country Country 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HOSEIN, DHANMATEE Name 1802 BURGUNDY LANE Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34952 83 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE TITLE __ DELETE ___ Change ___ Addition HOSEIN, DHANMATEE NAME 12 NAME 1802 BURGANDY LANE STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE __ Change __ Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ODDOO262**37**高値 🗆 Addition -09/01/98--01023--011 🔥 / TITLE DELETE 6.1 TITLE NAME 6.2 NAME ***450.00 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.

FILED

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335-1983

7-13-98

TREASURE COAST TAXI

1802 Burgundy Lane Port St Lucie, FL 34952

July 16, 1998

Divisions Of Corporations PO box 1500 Tallahassee, FL 32305-1500

To Whom It may Concern:,

Please note that this is the first notice that I received from your office for these filing fees, therefore I am sending the original amount due on these corporations. Please see if these penalties can be abated, for there is no way we can pay this sort of fees and not dissolve the corporations.

Sincerely, Treasure coast Taxi AAA Transportation Inc Yellow Cab of SLC