

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 19, 1999 8:00 am
Secretary of State
07-19-1999 90014 045 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000006462 ✓
1. Corporation Name
FLORIDA AUTO LIVERY, INC.

Principal Place of Business 10802 CEDAR AVE. CLEVELAND OH 44106	Mailing Address 10802 CEDAR AVE. CLEVELAND OH 44106
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/25/1998

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number	Applied For
65-0877797	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 the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	ANGELONE, PETER T	
STREET ADDRESS	10802 CEDAR AVE.	
CITY-ST-ZIP	CLEVELAND OH 44106	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERICK, JAMES H ESQ.	
STREET ADDRESS	1350 EATON CENTER, 1111 SUPERIOR AVE.	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	OMERZA, RAPHAEL J	
STREET ADDRESS	1350 EATON CENTER, 1111 SUPERIOR AVE.	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BURLINGAME, ALEXANDER G	
STREET ADDRESS	1350 EATON CENTER, 1111 SUPERIOR AVE.	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	

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: **x** Peter T. Angelone (Peter T. Angelone x 9 July 1999 216)421-1101

CR2E034 (5/99)

590739-40014-45
F98000006462

**FLORIDA AUTO LIVERY, INC.
10802 CEDAR AVENUE
CLEVELAND, OHIO 44106**

July 8, 1999

Division of Corporations
Annual Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Please find enclosed the 1999 Profit Corporation Annual Report for our company, Florida Auto Livery, Inc.

We are respectfully asking for an abatement of the \$400.00 late filing fee.

The company is a new Delaware corporation that will be eventually doing business in Florida. However, since the company's incorporation, there has been no activity (zero sales, zero assets, etc.) in Florida or anywhere else. Because of our inactivity, we assumed nothing was owed to any state. We never received the first annual report from your office for guidance. We are a new business that was not advised of the Florida filing requirements and have engaged a certified public accountant who is knowledgeable about such filings. We now have a system in place to ensure that the profit corporation annual report will be timely filed by May 1 of next year.

We hope you will take into account our situation described above to abate the late filing fee. As such, we are enclosing \$150, the initial amount due. We appreciate your consideration relating to our situation.

Very truly yours,

Peter T. Angelone

Peter T. Angelone, President

Enclosure