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Feb 19, 1999 8:00 am Secretary of State

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-- PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H39049

HIGHLANDS YELLOW CAB, INC.

Drivery of Blace	of Dusinson	Mailine Addross			<u> </u>
Principal Place		Mailing Address		•	
3717 CRAIG AV SEBRING FL 33		3717 CRAIG AVE. SEBRING FL 33870			•
OLDING IL VO	0.0	OEDITINO 1 E 00010		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				01/22/1985	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	<u>±1 -17 -</u>	NOT APPLICABLE	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	angible □Yes □No
24	25	ا ــــــــــــــــــــــــــــــــــــ	30	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Current	Registerea Agent	81 Name	. 0 1	Agen
COR	DOVANO, STEVEN P.		1 1 7	ieresa A. Cordovano	
	CRAIG AVE.		82 Street Ade	dress (P.O. Box Number is Not Acceptable)	
	RING FL 33870		83	3717 Craig Ave	
			63	•	
			84 City 5	ebring FL	85 Zip Code 3 3 8 70
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo				rporation submits this statement for the purpose of	changing its registered
office or re	egistered agent, or both, in the State of	' Florida. Such change was au	uthorized by the corpora	tion's board of directors. I hereby accept the appoint	ntment as registered
agent. i ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Fior	rida Statutes.	1-100	
SIGNATURE	Signature, typed or printed name of registered agent a	10 and little if applicable (NOTE:	: Registered Agent signature regui	ired when reinstating) DATE	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	P	□ DELETE			☐ Change ☐ Addition
NAME	CORDOVANO, STEVEN P.			**************************************	Change Dyrograph
			1.2 NAME 2	heresa A. Cordovano	
STREET ADDRESS (3717 CRAIG AVE.	_	1.2 NAME 3	neresa A. Cordovano 1717 Craig Ave Lahring FL 33870	
STREET ADORESS	3717 CRAIG AVE. SEBRING FL		1.3 STREET ADDRESS 5	heresa A. Cordovano 1717 Craig Ave Sebring, Fl 33870	
CITY-ST-ZIP	3717 CRAIG AVE. SEBRING FL	☑ DELETE	1.2 NAME 3 1.3 STREET ADDRESS 5 1.4 CITY-ST-ZIP	ebring, FL 33870	☐ Change ☐ Addition
CITY-ST-ZIP TITLE	SEBRING FL V		1.2 NAME 3 1.3 STREET ADDRESS 5 1.4 CITY-ST-ZIP	ebring, FL 33870	
CITY-ST-ZIP TITLE NAME	SEBRING FL V CORDOVANO, THERESA A.		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 3.4 STREET ADDRESS 3.5 STR	ordovano, Mary L.	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	V CORDOVANO, THERESA A. 3717 CRAIG AVE.		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITE 2.2 NAME 2.3 STREET ADDRESS 3.4	ordovano, Mary L.	
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	V CORDOVANO, THERESA A. 3717 CRAIG AVE. SEBRING FL	□ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 5	ordovano, Mary L. John FL 33870 ordovano, Mary L. Joan Cormorant Pt. Dr. John FL 33872	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	V CORDOVANO, THERESA A. 3717 CRAIG AVE. SEBRING FL ST		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 5	ordovano, Mary L. John FL 33870 ordovano, Mary L. Joan Cormorant Pt. Dr. John FL 33872	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V CORDOVANO, THERESA A. 3717 CRAIG AVE. SEBRING FL ST CORDOVANO, MARY L.	□ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 5	ordovano, Mary L. John FL 33870 ordovano, Mary L. Joan Cormorant Pt. Dr. John FL 33872	Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	V CORDOVANO, THERESA A. 3717 CRAIG AVE. SEBRING FL ST CORDOVANO, MARY L. 3302 COROMORANT PT DR.	□ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ordovano, Mary L. John FL 33870 ordovano, Mary L. Joan Cormorant Pt. Dr. John FL 33872	Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	V CORDOVANO, THERESA A. 3717 CRAIG AVE. SEBRING FL ST CORDOVANO, MARY L. 3302 COROMORANT PT DR.	□ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ordovano, Mary L. ordovano, Pt. Dr. ordovano, FL 33872 Todah D. Cordovano, Apt. 258 ordovano, Apt. 258	Change Addition
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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:

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP