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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K49866

EXCEPTIONAL VALET, INC.

	<u>'</u>						ID) 19119 DILID BILI DIR		I BIBII BIBIT IBBT
Principal Plac	ce of Business	. Ma	iling Address			(100.217)			
6561 NW 21ST			BOX 39762						
FT. LAUD FL 33308 US		FT. US	FT. LAUD FL 33339			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or C	Qualifed		
						12/07/1988		•	
2. Principal f	Place of Business	2a.	Mailing Address			4. FEI Number		/	Applied For
21		26				65-0087101		. 1	lot Applicable
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status De	esired []		Additional
22 .		27]				5. Certificate of Status De		Fee F	Required
City & Sta	te		City & State			6. Election Campaign Fin	nancing		May Be
23		28				Trust Fund Contributio	on 🗀	Added	to Fees
Zip	Country	<u> </u>	Zip	Cour	ntry	8. This corporation owes	•		
24	25	29		30		Personal Property Tax		Yes	□No
	9. Name and Addres		tered Agent		04 N	10. Name and Address of	of New Registere	d Agent	
1 101	ERTO, JOHN	7 724 13			81 Name		•		
	1 NE 21ST AVE			ŀ	82 Street Add	Iress (P.O. Box Number is Not	Acceptable)		. ,
	LAUD FL 33308				<u>.</u>	14E 001.4 0.4 1.5	<u> </u>	on which is a marker of the second of the se	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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20. 3 800 1 4.0	r		and the second s						
	t to the provisions of Secti	ons 607.0502 and 60	07.1508, Florida Statu	ites, the at	ove-named corp	poration submits this statemention's board of directors. I herel	t for the purpose	or cnanging i pointment as i	registered
11. Pursuant	registered agent, or both.	in the State of Florid	a. Such change was	authorized	by the corporati	ion s doard of directors. I herei	na arrept min abi		
11. Pursuant office or agent. I	registered agent, or both, am familiar with, and acce	in the State of Florid pt the obligations of;	a. Such change was Section 607.0505, Fl	authorized orida Statu	by the corporati tes.	ion's board of directors. Therefore	by accept the app		9,010,00
office or agent. I a	am familiar with, and acce	pt the obligations of;	Section 607.0505, FI	onda Statu	tes.				
35 agent. I a	am familiar with, and acce	pt the obligations of; of registered agent and title if	Section 607.0505, FI	E: Registered	tes.	ed when reinstating) ্র ্কর্তুক্	DATE	•	
SIGNATURE	am familiar with, and acce Signature, typed or printed name Of	pt the obligations of;	Section 607.0505, FI Septicable. (NOT CTORS	E: Registered	Tes.	ed when reinstating) 主 : 中心流 ADDITIONS/CHANGES	DATE	AND DIRECT	ORS IN 12
signature 12.	am familiar with, and acce Signature, typed or printed name Of	pt the obligations of; of registered agent and title if	Section 607.0505, FI	E: Registered at 13.	tes. Agent signature require	ed when reinstating) ্র ্কর্তুক্	DATE	•	ORS IN 12
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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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90034 006 ***150.00