

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M53147 (8)
1. Corporation Name
PROFESSIONAL VALET SERVICE INC.

Principal Place of Business
1232 WHITE PINE DR.
WELLINGTON FL 33414

Mailing Address
1232 WHITE PINE DR.
WELLINGTON FL 33414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 913 LEMON GRASS LANE Suite, Apt. #, etc. 22 City & State 23 WELLINGTON FLORIDA Zip Country 24 33414 25		2a. Mailing Address 26 913 LEMON GRASS LANE Suite, Apt. #, etc. 27 City & State 28 WELLINGTON FLORIDA Zip Country 29 33414 30		3. Date Incorporated or Qualified 06/03/1987	
		4. FEI Number 65-0011231		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BELLINATO, JOHN SR. 1232 WHITE PINE DR. WELLINGTON FL 33414				10. Name and Address of New Registered Agent			
				81 Name BELLINATO, JOHN SR.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 913 LEMON GRASS LANE			
				84 City WELLINGTON FL 85 Zip Code 33414			

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

Signature, typed or printed name of registered agent and title if applicable

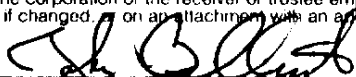
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELLINATO, JOHN, JR.			1.2 NAME			
STREET ADDRESS	9130 D S.W. 5TH ST.			1.3 STREET ADDRESS	9680 OREGAN RD		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	BOCA RATON FL 33434		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELLINATO, JOHN, SR.			2.2 NAME			
STREET ADDRESS	1232 WHITEPINE DR.			2.3 STREET ADDRESS	913 LEMON GRASS LANE		
CITY-ST-ZIP	W. PALM BEACH FL			2.4 CITY-ST-ZIP	WELLINGTON FL 33414		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELLINATO, VIRGINIA			3.2 NAME			
STREET ADDRESS	1232 WHITE PINE DR			3.3 STREET ADDRESS	913 LEMON GRASS LANE		
CITY-ST-ZIP	W PALM BEACH FL			3.4 CITY-ST-ZIP	WELLINGTON FL 33414		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
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, on an attachment with an address.

SIGNATURE:



JOHN BELLINATO SR

4-23-98 793-3946

CR2E034 (10/97)