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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

(8)

FAST FARE, INC.

Principal Place of Business ONE NORTH CHARLES ST. Mailing Address

FILED May 07 1998 8:00am Secretary of State



ONE NORTH CHARLES ST. **BALTIMORE MD 21201-0711** BALTIMORE MD 21201-0711 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/30/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 23-2080523 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žiρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 City Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE D Change Addition ROSENBERG, EDWARD L NAME 1.2 NAME ONE NORTH CHARLES ST. STREET ADDRESS 1.3 STREET ADDRESS **BALTIMORE MD** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change 2 1 TITLE Addition NAME WHEELER, JOHN E. JR 2.2 NAME STREET ADDRESS ONE NORTH CHARLES ST. 23 STREET ADDRESS **BALTIMORE MD** CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 31 TITLE - Change Addition ANDREW LAPAYOWKER OWSLEY, THOMAS L NAME 3.2 NAME one worth charles st ONE NORTH CHARLES ST. STREET ADDRESS 3.3 STREET ADDRESS **BALTIMORE MD** CITY - ST - ZIP BALTIMORE, MD 21201 3.4 City-St-7iP DELETE TITLE 4.1 TITLE Change ☐ Addition CAROLE R. HINES ZDUNEK, CAROLE R NAME 4. 2 NAME ONE NORTH CHARLES ST. STREET ADDRESS 4.3 STREET ADDRESS **BALTIMORE MD** CITY+ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition ROSENBERG, FRANK B NAME 5.2 NAME 1 NORTH CHARLES ST STREET ADDRESS 5.3 STREET ADDRESS BALTIMORE MD CITY-ST-ZIP 5.4 City-St-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 roport or supplemental annual roport 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 changest or on againtment with an patients.

SIGNATURE:

LOF ON an attachment with an indress.