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CITY - ST - 7IP

FILED Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P20984 (1) HIGHWAY VALETS, INC. Principal Place of Business Mailing Address 1570 TOLEDO ROAD 1570 TOLEDO ROAD NORWALK OH 44857 NORWALK OH 44857 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/21/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 34-1182515 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 Name 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 11 DICE Change Addition TITLE MCQUERREY, SHIRLEEN NAME 1.2 NAME 1570 TOLEDO ROAD STREET ADDRESS 1.3 STREET ADDRESS NORWALK OH CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE TAYLOR, LAURA L. NAME 2.2 NAME 1570 TOLEDO ROAD STREET ADDRESS 2.3 \$1REET ADDRESS NORWALK OH CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Change Addition TITLE 31 TITLE THEISEN, LOUIS P. NAME 3.2 NAME 1570 TOLEDO ROAD STREET ADDRESS 3.3 STREET ADDRESS **NORWALK OH** CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Addition Change TITLE 4.1 TITLE THEISEN, KEVIN P. NAME 4. 2 NAME 1570 TOLEDO ROAD STREET ADDRESS 4.3 STREET ADDRESS NORWALK OH 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP

> > 3/37/9X

1419) 668-9771

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 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 expect the this report as required by Chapter 607, Florida Statutes; and that my name appears in