

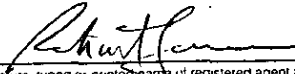
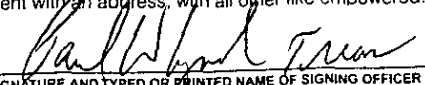
DOCUMENT # P93000011748

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90948 039 \*\*\*150.00

100831

DO NOT WRITE IN THIS SPACE

1. Entity Name <b>RUNABOUTS OF CORAL SPRINGS, INC.</b>				2. Principal Place of Business 901 University Dr Coral Springs, FL 33071		3. Mailing Address 4411 Cleveland Ave Ft Myers, FL 33901	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>GARGANO, ANTHONY</b> 2075 W FIRST ST STE 203 FT MYERS, FL 33901				7. Name and Address of New Registered Agent Name <b>RICHARD J SIMEONE</b> Street Address (P.O. Box Number is Not Acceptable) <b>436 S. ANDREWS AVE</b> City <b>FT LAUD</b> FL Zip Code <b>33301</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE  <b>RICHARD J. SIMEONE</b> DATE <b>4/20/00</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>				<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS
	<b>DCEO</b>	<b>LAGESCHULTE, DAVID</b>	<b>4411 Cleveland Ave</b>				
		<b>FT MYERS, FL 33901</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS
	<b>DST</b>	<b>LYNCH, PAUL</b>	<b>4411 Cleveland Ave</b>				
		<b>FT MYERS, FL 33901</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS
	<b>DP</b>	<b>BRAWNER, TERRY</b>	<b>4411 Cleveland Ave</b>				
		<b>FT MYERS, FL 33901</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS
	<b>D</b>	<b>REBNIER, DALE</b>	<b>4411 Cleveland Ave</b>				
		<b>FT MYERS, FL 33901</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date <b>4/21/00</b> Daytime Phone <b>941-275-6339</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							