SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 11:16

DOCUMENT # **P93000014186 (9)**

1. Corporation Name

AUTO SHUTTLE SERVICE, INC.

Principal Place of Business	Mailing Address
826 NW 8TH AVE FT LAUDERDALE FL 33311	826 NW 8TH AVE FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/17/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0388604 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FINKELSTEIN, FREDDIE
826 NW 8TH AVE
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 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 _____ DATE
Signature, typed or printed name of registered agent and the date as stated (NOTE: Registered Agent's signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT FINKELSTEIN, FREDDIE 826 NW 8TH AVE FT LAUDERDALE FL 33311	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP ROSMAN, MARK A 555 NE 24TH ST MIAMI FL	21 TITLE VICE PRES. / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☑ Change ☐ Addition STEPHEN A. MANNING 354 EAST DAYTON CIRCLE FT. LAUD. FL 33312
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP DWYER, GUY 6410 SW 183RD W FT LAUDERDALE FL	31 TITLE SECRETARY / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☑ Change ☐ Addition PATRICE D. LAWSON 2760 SOMERSET DRIVE LAUDERDALE LAKES, FL 33311
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S CARLYLE, JUANITA 1953 TAFT ST HOLLYWOOD FL	41 TITLE TREASURER / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☑ Change ☐ Addition EGERTON A. WHITE 4540 N.W. 36TH STREET LAUDERDALE LAKES, FL 33319
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T LARSEN, RICHARD T 7200 NW 1ST ST PLANTATION FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Freddie Finkelstein FREDDIE FINKELSTEIN 7-19-95 305 720-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0073723 CP