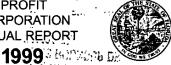
Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90024 042 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000059378

1. Corporation Name

DEC VALET, INC.

Principal Place of Business Mailing Address							-{	# { 6 111			
238 S. FRANKLIN 15013 ROUNDUP											
TAMPA FL 336	02	TAMPA FL 33624					DO NOT WRITE IN THIS SPACE				
US US							3. Date Incorporated or Qualifed				
							08/11/1994		•		
2. Principal Place of Business 2a. Mailing Address				12.02			4. FEI Number) Ar	oplied For
21 26							59-3263949)		— — — ·	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.										\$8.75	Additional
27							5. Certifcate of S	atus Desired		Fee Re	equired
City & Stat	City & State	/ & State				6. Election Camp	aign Financing		\$5.00	Мау Ве	
23 28			<u></u>				Trust Fund Co	ntribution		Added	to Fees
Zip	Zip Country Zip			ıntry			8. This corporation owes the current year Intangible				
24	. 25 29			30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	nt Registered Agent		81	Name		10. Name and Ad	aress of New	Kegisterea /	Agent	
cor	DOWIN, JAMES W			"	Ivanie						
111 E MADISON ST SUITE 2300				82	82 Street Address (P.O. Box Number is Not Acceptable)						_
TAMPA FL 33602				02							
TAMPA FL 33002				83							
				84	City			•	FL	85 Zip	Code
	to the provisions of Sections 607.050		utes the s	h-014		1 00000	ration automite this st	tatement for the		changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change was	authorized	d by	the corp	oration	i's board of directors	. I hereby acce	ept the appoir	ntment as re	egistered
agent. i a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stat	utes	•						
SIGNATURE	Classic and an electric and agricultural age	net and title if applicable (AIO	TE: Registerer	1 Ager	nt signature	required s	when reinstating)	-	DATE ,		}
12.	Signature, typed or printed name of registered egent and title if applicable. (NOTE: I OFFICERS AND DIRECTORS			1 13.			ADDITIONS/CH	ANGES TO O	 	D DIRECTO	ORS IN 12
TITLE	DPST DELETE			1.1 TITLE			·			☐ Change	Addition
NAME	DEC, KEVIN A			1.2 NAME							
STREET ADDRESS	15013 ROUNDUP DR		1.3 S	TREET	TADORESS	3					
CITY-ST-ZIP	TAMPA FL		1.4 C	ITY-S	T- ZIP						
TITLE	VP- ☐ DELETE			2.1 TITLE			V. P.			Change	Addition
NAME	-SOSNOWSKI, JAMES	•	2.2 NAME			1 .	ANTONIO	114596	ve z		
STREET ADDRESS	COAC FILIOTT OID			2.3 STREET ADDRESS			ANFONIO 527 SH	ARON'S	Τ,		
CITY-ST-ZIP	TAMPA FL		2.40	ITY-S	T-ZIP	1	BROOKSVIlle	FC	34601		
TITLE		3.1 TI	3.1 TITLE				,		☐ Change	Addition	
NAME			3.2 N	3.2 NAME							[
STREET ADDRESS			3.3 S	TREET	TADDRESS	s					
CITY-ST-ZIP					ST-ZIP						
TITLE	"□'DELETE			4.1 TITLE						☐ Change	☐ Addition {
NAME	•		4.21	4. 2 NAME							1
STREET ADORESS			4.3 S	TREET	TADDRESS	3					
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP						
TITLE		☐ DELETE	5.1 T							☐ Change	☐ Addition
NAME			5.2 N								
STREET ADDRESS					TADDRESS	3					
CITY-ST-ZIP				ITY-S	T-ZIP	4_				□ C	Addition
TITLE		☐ DELETE	6.1 T			1				Change	☐ Addition
NAME				6.2 NAME 6.3 STREET ADDRESS							{
STREET ADDRESS	l'		6.3 S	IREE	I ADDRESS	<i>i</i>					I

CITY-ST-ZIP 14. 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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS