PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067901

1. Corporation Name

ROBOTIC PARKING, INC.

Principal Place of Business

Mailing Address

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90107 048 ***150.00

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519 CLEVELAND CLEARWATER F US	O ST., SUITE 105 FL 34615	519 CLEVELAND ST., SUITE CLEARWATER FL 34615	E 105			DO NOT WRIT	E IN TH	S SPACE	
00					3. Date Ir 09/12	corporated or Qualifed			
	lace of Business	2a. Mailing Address	1 1	1.	4. FEI Nui			ļ	App led For
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifo	ite of Status Desired		•	Additional
22		27							Required
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	9. Name and Add ess of Current	Registered Agent			10. Name	and Address of New R	egistere	d Agent	
				81 Name					
	PHERSON, GILBERT P			82 Street A	Adtress (P.O. Pov	Number is Not Accepta	hle)	,	
	DREW STREET, SUITE 8					out H FOR	7 #	PERISS	01
CLE	ARWATER FL 34625			83		. J			
									
				84 City	LEARL	JA-17512	F		p Code
44 5	to the provisions of Sections 607.0502	and CO7 1500 Classes Chates	on the s				nurnose :	<u>. ا </u>	3756 its registered
office or r	registered agent, or both, in the State of	Florida Such change was a	uthonzed	d by the corpor	ration's board of d	rectors. I hereby accep	t the app	ointment as	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Stat	utes.					
SIGNATURE		and fills if confinable	· Degraters	Agent signature on	qu red when reinstating)		DATE		
12.	Signature, typed or printed nar ie of registered agent OFFICERS AND		13.	gant argnature re		NS/CHANGES TO OFF		ND DIRECT	TORS IN 12
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14. 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAAG, PA

Hor 26/99 Daytime

30427 23

CRZ