

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000094216 (6)

1. Corporation Name

SKY VALET OF WEST PALM BEACH, INC.



Principal Place of Business

5823 LAKE WORTH ROAD
SUITE 150
LAKE WORTH FL 33463

Mailing Address

5823 LAKE WORTH ROAD
SUITE 150
LAKE WORTH FL 33463

3. Date Incorporated or Qualified
12/30/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 3281-B LAKE WORTH RD

2a. Mailing Address
26 3281-B LAKE WORTH RD

4. FEI Number
65-0558605

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State
LAKE WORTH, FL

28 City & State
LAKE WORTH, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33461

25 Country
USA

29 Zip
33461

30 Country
USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELSON, STEVEN A
400 AUSTRALIAN AVE. SOUTH
SUITE 500
W PALM BEACH FL 33401

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature, typed or printed name of registered agent and the corporation

(Note: Registered Agent signature required with this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	PHILLIPS, STEPHEN R	5823 LAKE WORTH ROAD	LAKE WORTH FL	<input type="checkbox"/>
VD	PHILLIPS, CHRISTOPHER R	5823 LAKE WORTH ROAD	LAKE WORTH FL	<input type="checkbox"/>
STD	PHILLIPS JUDITH, C.	5823 LAKE WORTH RD.	LAKE WORTH FL	<input type="checkbox"/>
D	PHILLIPS, FOY	5823 LAKE WORTH ROAD	LAKE WORTH FL	<input type="checkbox"/>
D	PHILLIPS, MARY	5823 LAKE WORTH ROAD	LAKE WORTH FL	<input type="checkbox"/>
D	DODD, JOHN	5823 LAKE WORTH ROAD	LAKE WORTH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith C Phillips Judith C Phillips 2/2/96 407 439-4414

CR2E034 (12/95)