

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90079 031 ***150.00

DOCUMENT # P94000094216

1. Corporation Name

SKY VALET OF WEST PALM BEACH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3281-B LAKE WORTH RD SUITE 150 LAKE WORTH FL 33461 US		Mailing Address 3281-B LAKE WORTH RD SUITE 150 LAKE WORTH FL 33461 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Po Box 5776	
22 City & State		27 Lake Worth FL	
23 Zip		28 33415	
24 Country		29 USA	
25		30	

3. Date Incorporated or Qualified

12/30/1994

4. FEI Number

65-0558605

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Stephen F Phillips
82 Street Address (P.O. Box Number is Not Acceptable)
83 853 Woodland Avenue
84 City West Palm Beach FL 85 Zip Code 33466

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PHILLIPS, STEPHEN R	1.2 NAME	
STREET ADDRESS	5823 LAKE WORTH ROAD	1.3 STREET ADDRESS	Po Box 5776
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	Lake Worth FL 33466
TITLE	VD	2.1 TITLE	
NAME	PHILLIPS, CHRISTOPHER R	2.2 NAME	
STREET ADDRESS	5823 LAKE WORTH ROAD	2.3 STREET ADDRESS	Po Box 5776
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	Lake Worth FL 33466
TITLE	STD	3.1 TITLE	
NAME	PHILLIPS JUDITH, C.	3.2 NAME	
STREET ADDRESS	5823 LAKE WORTH RD.	3.3 STREET ADDRESS	Po Box 5776
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	Lake Worth FL 33466
TITLE	D	4.1 TITLE	
NAME	PHILLIPS, FOY	4.2 NAME	
STREET ADDRESS	5823 LAKE WORTH ROAD	4.3 STREET ADDRESS	Po Box 5776
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	Lake Worth FL 33466
TITLE	D	5.1 TITLE	
NAME	PHILLIPS, MARY	5.2 NAME	
STREET ADDRESS	5823 LAKE WORTH ROAD	5.3 STREET ADDRESS	delete
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	DODD, JOHN	6.2 NAME	
STREET ADDRESS	5823 LAKE WORTH ROAD	6.3 STREET ADDRESS	delete
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)