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

Mailing Address 1408 N KILLIAN DR

LAKE PARK FL 33403

STF 211

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000052944

Principal Place of Business

1408 N KILLIAN DR STE 211

LAKE PARK FL 33403

WORLDWIDE VALET INC.

2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0610283 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired . Fee Required -22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Country Zip Zip 30 Personal Property Tax. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JENNINGS, JEFF Street Address (P.O. Box Number is Not Acceptable) 82 10074 DAISY AVE PALM BEACH GARDENS FL 33410 83 Zip Code 84 85 City 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 NOTE: Registered Agent signature required when reinstating agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE. JENNINGS, DANIEL 1.2 NAME NAME 1408 N KILLIAN DR STREET ADDRESS 1.3 STREET ADDRESS LAKE PARK FL 33403 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 2.1 TITLE TITLE JENNINGS, JEFFREY 2.2 NAME NAME 10074 DAISY AVE 2.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 41 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

May 03, 1999 8:00 am Secretary of State

05-03-1999 90008 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

07/07/1995

4. FEI Number

CR2E034 (11/98)

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIF