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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600000535 (0)

B'S PARKING, INC.

| Principal Plac | ce of Business | Mailing Addre | 988 | | . idatisch in inferen artit water gater fatter. | TOLIC COLIC BUILD SIGNE MILE | 1 6107 1897 |
|-----------------------------|--|---|---|--------------------------------|---|---------------------------------------|---------------|
| 400 BANYAN S WEST PALM B | ST. BEACH FL 33401 | P.O. BOX 936 West Palm Beach FL 33402-0936 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 12/26/1995 | 3a. Date of Last R 01/09/1997 | leport |
| 2. Principal I | Place of Business | 2a. Mailing Ad | idress | | 4. FEI Number | | pplied For |
| 21 | | 26 | 26 | | 65-0640246 | · · · · · · · · · · · · · · · · · · · | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. | Suite, Apt. #, etc. | | , | \$8.75 | Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee R | equired |
| City & Sta | ite | City & Stal | te | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added | to Fees |
| Zıp | Country | Zip | Cd | ountry | 8. This corporation has liability for i | ntangible tax under s | . 199.032, |
| 24 | 25 | 29 | 30 | | Florida Statutes | Yes No | |
| | g. Name and Address of Cur | rent Registered Ager | ıt | | 10. Name and Address of New Re | gistered Agent | |
| NIS | ONGER, DAVID | | | 81 Name | Visonger, DAYI | _1 | |
| 1 | GUAVA AVE | | | B2 Street Ad | tess (P.O. Box Number is Not Acceptab | | |
| l . | ST PALM BEACH FL 33413 | | | 15 | 24 15 Lone | 10) | |
| | | | | 83 | | | |
| | | | | | | | |
| | | | | 84 City | Ke Worth | FL 85 Zip | Code 3463 |
| 11. Pursuant | t to the provisions of Sections 607.0 | 0502 and 607.1508, Fig | orida Statutes, the | above-named co | rporation submits this statement for the pation's board of directors. I hereby accept | | |
| office or agent. I | registered agent, or both, in the St am familiar with, and accept the ob- | ate of Florida. Such ch digations of Section 6 | iangė was authoriz 07.0505. Florida St | ted by the corpori latutes. | ation's board of directors. I hereby accep | it the appointment as | registered |
| | • | inguitation of control of | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | • | |
| SIGNATURE | Signature, typed or printed hance of registered | agent and title if applicable. | (NOTE: Registe | red Agent signature req | uired when reinstating) | DATE | |
| 12. | | AND DIRECTORS | 13 |). | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTO | RS IN 12 |
| TITLE | DPVT | | DELETE 1.1 | TITLE | | Change | Addition |
| NAME | NISONGER, DAVID | | 1.2 | NAME | | | |
| STREET ADDRESS | | | 13 | STREET ADDRESS | | | |
| CiTY-ST-ZIP | WEST PALM BEACH FL 334 | 13 | | CITY-ST-ZIP | | | |
| TITLE | S | | | TITLE | | Change | Addition |
| NAME | NISONGER, MARY | <u> </u> | | NAME | | | |
| | | | | STREET ADDRESS | • | | |
| STREET ADDRESS | : 154 GUAVA AVE West Palm Beach Fl 334 | 10 | | | กล์ | t _{ess} : | |
| CHY- \$1 - 7/F | TEST FALM BEACH FE 334 | | | CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE | | ب | | TITLE | | FTI pustifie | AVUITOR L |
| NAME | | | | NAME | | | |
| STREET ADDRESS | · | | 1 | STREET ADDRESS | | | |
| Cily - \$1 - 2ii' | | ····· | | . CITY-ST-ZIP | | T Access | 1.2201 |
| TILE | J | ليا | | TITLE | | Change | Addition |
| NAMÉ | | | 4. 2 | 2 NAME | | | |
| STREET ADDRESS | 5 | | 4.3 | STREET ADDRESS | | | |
| CHY-ST-ZIF | | | | CITY-ST-ZIP | | | |
| TITLE | | | DELETE 5.1 | TITLE | | ☐ Change | Addition |
| NAME | | | 5.2 | NAME | | | |
| STREET ADORESS | 5] | | 5.3 | STREET ADDRESS | | | |
| CITY-ST-2IP | ł | | 54 | CITY-ST-ZIP | | | |
| TITLE | | | | TITLE | | ☐ Change | Addition |
| NAME | | | | NAME | | | - |
| PARTY E MANDE DO | | | 02 | CANCLA PDDDCCC | | | |

6.4 CITY-ST-ZIP

14. Too 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 ham an officer or director of the costo attout on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

I am an officer or director of the cor appears in Block 12 or Block 13 if of

CITY - \$1 - 7/0

4-12-97 561-329 6460

FILED

Apr 22 1997 8:00am

Secretary of State