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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011469 (9)

CLASSIC VALET, INC.

FILED Apr 24 1998 8:00am Secretary of State



1/15/ad

(au) 4/12 - 6-777

Principal Place of Business Mailing Address 1105 8TH AVENUE NORTH 1105 8TH AVENUE NORTH NAPLES FL 34102 NAPLES FL 33940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 25 271 BAY Meadows De. Suite, Apt. #, etc. 21 RAI BAY MEADOWS DR. 65-0644059 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be LOBINDA 23 NAPLES 28 NAPLOS Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible VS 29 34113 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VERTIN, DAVID A 1105 8TH AVENUE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34102 BAY MERGOWS DELVE 83 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 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PTD DELETE 2 Change Addition TITLE 1.1 TITLE NAME **VERTIN, DAVID A** 1.2 NAME STREET ADDRESS 1105 8TH AVENUE NORTH 1.3 STREET ADDRESS 271 BAY Meadows Da. NAPUS FL 34113 CITY-ST-ZIP NAPLES FL 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ■ Addition 31 TOLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 of 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 chapted, or on an attachment with an address.