

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

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P96000016369 (6)**

1. Corporation Name
EXPRESS TAXI CORPORATION



Principal Place of Business

Mailing Address

**2000 N. FLORIDA MANGO ROAD
SUITE 108
WEST PALM BEACH FL 33409**

**2000 N. FLORIDA MANGO ROAD
SUITE 108
WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/22/1996

4. FEI Number

65-0645629

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CAMERON, SANDRA M.
2501 BRISTOL DRIVE 6B
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name **David Odias**
82 Street Address (P.O. Box Number is Not Acceptable)
2000 N. Florida Mango
83 **Suite 108**
84 City **West Palm Beach FL** 85 Zip Code **33409**

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 607.0506, Florida Statutes.

SIGNATURE **David Odias** **New Owner** **5-10-98**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **AMOS, GERVIL**
STREET ADDRESS **426 9TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Y. BOLAND ODIAS**
2.3 STREET ADDRESS **6021 South Seacrest Blvd**
2.4 CITY-ST-ZIP **BRYNTON Florida 33435**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **S. JESUA ODIAS**
3.3 STREET ADDRESS **346 GUAYA AVENUE APT #B**
3.4 CITY-ST-ZIP **WAT, Palm Bch FL 33413**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

SIGNATURE **David Odias** **4/17/98** **6501000000**

CR2E034 (10/97)