

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000045872 (4)

1. Corporation Name
AUTO SHUTTLE USA, INC.

Principal Place of Business
732 NW 8TH AVE
FT LAUDERDALE FL 33311

Mailing Address
732 NW 8TH AVE
FT LAUDERDALE FL 33311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1900 NW 21ST AVE Suite, Apt. #, etc. 22 City & State 23 FT LAUDERDALE FL Zip 24 33311 Country 25 USA		2a. Mailing Address 26 1900 NW 21ST AVE Suite, Apt. #, etc. 27 City & State 28 FT LAUDERDALE FL Zip 29 33311 Country 30 USA		3. Date Incorporated or Qualified 05/30/1996	
		4. FEI Number 65-0676000		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RHUADES, PATRICIA 732 NW 8 AVE FT LAUDERDALE FL 33311		10. Name and Address of New Registered Agent 81 Name PATRICIA RHUADES 82 Street Address (P.O. Box Number is Not Acceptable) 1900 NW 21ST AVE 83 84 City FT LAUDERDALE FL 85 Zip Code 33311	
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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 *Patricia Rhoades*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RHUADES, PATRICIA A 732 NW 8TH AVE FT LAUDERDALE FL 33311 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1900 NW 21ST AVE FT LAUDERDALE FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINKELSTEIN, FRANK 1228 BAYVIEW CR FT LAUD FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition FREDDIE FINKELSTEIN 1900 NW 21ST AVE FT LAUDERDALE FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHUNG, STEPHRA 4950 NW 16 ST LAUDERHILL FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition STEPHEN MAHUNG
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSSO, CHARLETTE 3730 INVERRARY DR LAUDERHILL FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition CHARLENE RUSSO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWELL, KEVIN 5540 WASHINGTON ST HOLLYWOOD FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition KEVIN NEWELL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia Rhoades* 3-18-98 738-8606

CR2E034 (10/97)