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

**PROFIT** CORPORATION ANNUAL REPORT

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081398 (5)

SEMINOLE VALET, INC.

## **FILED** Jul 29 1997 8:00am Secretary of State



'Principal Place of Business		Mailing Addre	ess		E 1837/001 148 18/18 BILLIK BOTTI				
6940 NORTH 40 HOLLYWOOD FI		6340 NORTH 44 HOLLYWOOD F							
. :• '					3. Date Incorporated or Qualified 10/01/1996	3a. D	ate of Last F	Report	
2. Principal Place of Business		2a. Mailing Ac	ldress		4. FEI Number 65-07270	11	<u> </u>	pplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt.	#. etc.		5. Certificate of Status Desired		/ CD 75		
City & State	•	City & Stat	le		6. Election Campaign Financing	——	\$5.00	May Be	
<b>23</b> Zip	Country	<b>28</b> Zip	L	Country	Trust Fund Contribution  8. This corporation has liability for	r intangible		to Fees s. 199.032,	
24	25 9. Name and Address of Curre	29	30	<u>L</u>	Florida Statutes  10. Name and Address of New I		No Acort		
LERN	VER, ALLAN M	int negistered Agen	н	81 Name			Agent		
2888	EAST OAKLAND PARK BLVD			99 0		000/4	<i>,</i>		
	AUDERDALE FL 33306			82 Street	Address (P.O. Box Number is Not Accept	apie) Syl	roof	7	
				83			<del></del> -		
				84 City	11.11		<b>85</b> Zip	Code	
				1 1 7	10/14/0000	<u>FL</u>	_   `   3	2021	
.11. Pursuant to office or re	lo the provisions of Sections 607,05 egistered agent, or both, in the Stat	:02 and 607.1508, Fit iç of Florida. Such <b>∠h</b>	orida Statutes, lange was auti	the above-named orized by the col	s corporation submits this statement for the poration's board of directors. I hereby according to the control of the control o	e purpose of ept the app	of changing pointment as	its registered s registered	
	m familiar with, and riccept the oblig	hations of Section 16				./.	140		
SIGNATURE	Signature, typopy printite frame of registered as	1) COLLA	10.6	N DAWA	e required when reinslating)	46/	9/		
12.		ND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12	
TITLE			DELETE	11 TITLE	PRESIDENT.  V.P. / SCTA	VIRAIS	Change	Addition	
<sup>1</sup> NAME			:	1.2 NAME	JO-LIN DAWN OSCO	Ma,			
STREET ADDRESS				1.3 STREET ADDRESS	6340 N 40 111 5/10	ref	0 0		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	DEL ETC	1.4 C(TY - ST - ZIP	Mallyavis Fla		2300	V I Address	
TITLE		LJ	DELETE	2.1 TITLE			L Change	Addition	
NAME				2.2 NAME					
STREET ADDRESS			,	2.3 STREET ADDRESS					
CITY-ST-ZIP			DELETE	2. 4 CITY-ST-ZIP	<del> </del>		Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. CITY-ST-ZIP					
TITLE			DELETE	4.1 TITLE			Change	Addition	
NAME				4.2 NAME					
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZIP		<u></u>	DELETE	4.4 C(TY-ST-Z(P			Change	f.datit	
TITLE			DETE	5.1 TITLE			Change		
NAME				5.2 NAME 5.3 STREET ADDRESS				PE	
STREET ADDRESS				5.3 STREET ADDRESS 5.4 CITY - ST - ZIP				7.29	
CITY-ST-ZIP			DELETE	6.1 TITLE			Change	Addition	
NAME			- 2	6.2 NAME	1000022! -08/04/9701	564	71		
STREET ADDRESS				63 STREET ADDRESS	-08/04/9701	0880	11		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	***558.75				
					I				

14. I do 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.