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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700061438 (2)

VALET FLORIDA, INC.

## FILED Apr 03 1998 8:00am Secretary of State



3/10/98 (561)640909

Principal Place of Business Mailing Address 808 1/2 UPLAND RD 808 1/2 UPLAND RD WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEt Number Applied For 26 222 Lakeview Avenue Lakeview Avenue 65-0768 Not Applicable Suite, Apt #, etc. \$8.75 Additional 160-219  $\Box$ 5. Certificate of Status Desired Suite Fee Required City & State 6. Election Campaign Financing \$5.00 May Be West Palm Bch, FL  $\Box$ Trust Fund Contribution Added to Fees Country USA 8. This corporation owes or has paid the current year Intangible 33401 ☐ Yes Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROYLE, ANTHONY M 81 Name 808 1/2 UPLAND RD P.O. Box Number is Not Acceptable)
Lateview Avenue 82 **WEST PALM BEACH FL 33401** 83 84 Zip Code 3.3 401 11. Pursuant to the provisions of Soctions 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition TITLE T DELETE 1.1 TITLE Gloria L. Royle 222 Lakerien svene 1.2 NAME NAME Suite 160-219 STREET ADDRESS 1.3 STREET ADORESS West Palm Bel, CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Anthony M. Royle 222 Lakeriew Ar NAME 2.2 NAME Svite 160-219 STREET ADDRESS 2.3 STREET ADDRESS 33401 West Palm Bch, CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 eath; 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.

CICNATUDE.