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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080575 (8)

SOUTH FLORIDA VALET, INC.

Mailing Address 520 ORTON AVENUE **520 ORTON AVENUE** FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/17/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For *65 -07*8 4 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes_ ☐ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HARIDAS, CHRISTOPHER P 520 ORTON AVENUE 82 FORT LAUDERDALE FL 33304 83 City FORT 84 LAUDERDALE 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, 9-ction 607.0505, Florida Statutes.

SIGNATURE MICHAEL

SIGNATURE MICHAEL

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 DELETE ☐ Change ___ Addition TITLE 1.1 TITLE HARIDAS, CHRISTOPHER P 1.2 NAME NAME **520 ORTON AVENUE** 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33304 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 THLE BIBAO, MICHAEL C NAME 22 NAME **520 ORTON AVENUE** STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE

6.4 CITY - ST - ZIP 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 trusted 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.

3 2 NAME

4.1 TITLE

4 2 NAME

5.1 THILE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS 34 CHY-ST-7P

4.3 STREET ADDRESS

5.3 STREFT ADDRESS 54 City-St-ZIP

6.3 STREET ADDRESS

4.4 CITY - ST - ZIP

SIGNATURE MICHAEL

Change

Channe

Change

Addition

___ Addition

___ Addition

FILED

May 27 1998 8:00am

Secretary of State