

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90210 029 ***150.00

DOCUMENT # P97000093545

1. Corporation Name
HORIZON VALET SERVICES, INC.



Principal Place of Business

2600 STIRLING ROAD #C300C
HOLLYWOOD FL 33342

Mailing Address

2600 STIRLING ROAD #C300C
HOLLYWOOD FL 33342

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1997

4. FEI Number
65-0778218

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2800 Island Blvd.

Suite, Apt. #, etc.

22 #505

City & State

23 Aventura, FL

Zip

24 33160

Country

25 USA

2a. Mailing Address

26 2800 Island Blvd.

Suite, Apt. #, etc.

27 #505

City & State

28 Aventura, FL

Zip

29 33160

Country

30 USA

9. Name and Address of Current Registered Agent

KAPLAN, MARTY
5653 OAKMONT AVENUE
HOLLYWOOD FL 33342

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2800 Island Blvd. #505

83

84 City

Aventura

FL

85 Zip Code
33160

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 *M. Kaplan*
Signature, typed or printed name of registered agent and fee if applicable.

Pres.
(NOTE: Registered Agent signature required when reinstating)

DATE
11/22/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KAPLAN, MARTIN H
STREET ADDRESS 5653 OAKMONT AVE
CITY-ST-ZIP HOLLYWOOD FL 33342

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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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 2800 Island Blvd. #505
1.4 CITY-ST-ZIP Aventura, FL 33160

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE: *M. Kaplan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99
Date

305-935-0608
Daytime Phone #

CR2E034 (11/98)