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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000095711			
1. Corporation Name PAYLESS CAB OF PINELLAS, INC.			
Principal Place of Business 1440 B. GULF TO BAY BLVD. SUITE B CLEARWATER FL 33785 US		Mailing Address 1440 B. GULF TO BAY BLVD. SUITE B CLEARWATER FL 33785 US	
2. Principal Place of Business 3100 GULF TO BAY BLVD. CLEARWATER, FL 33764		2a. Mailing Address 3100 GULF TO BAY BLVD. CLEARWATER, FL 33764	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State Clearwater FL	27	City & State Clearwater FL
23	Zip 33764	28	Country USA
24	Country USA	29	Zip 33764
30	Country USA	31	Zip 33764
9. Name and Address of Current Registered Agent MADI, MOHAMMAD A 1440 B. GULF TO BAY BLVD. CLEARWATER FL 33785			
10. Name and Address of New Registered Agent Mohammad A. Madi 3100 Gulf to Bay Blvd. Clearwater FL 33764			
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 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	P	1.1 TITLE	P
NAME	MOHAMMAD, MADI A	1.2 NAME	Mohammad A Madi
STREET ADDRESS	1440 B. GULF TO BAY BLVD.	1.3 STREET ADDRESS	3100 Gulf to Bay Blvd.
CITY-ST-ZIP	CLEARWATER FL 33785	1.4 CITY-ST-ZIP	Clearwater FL 33764
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: S. Mohammad A. Madi **4-29-99** **729-442-9999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)