

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

DOCUMENT # P98000073092

1. Corporation Name
DEPENDABLE CAR SERVICE, INC.

Principal Place of Business

**2302 NORTHWEST 15TH WAY
 UNIT 641
 BOYNTON BEACH FL 33436**

Mailing Address

**POST OFFICE BOX 217
 568 EAST WOOLBRIGHT ROAD
 BOYNTON BEACH FL 33435**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **568 EAST WOOLBRIGHT RD**

Suite, Apt. #, etc.

27 **SUITE 217**

City & State

28 **BOYNTON BEACH, FL**

29 Zip Country

30 **33435 USA**

9. Name and Address of Current Registered Agent

**AMERLAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

81 Name

**Spiegel & Utrera, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 343 Almeria Avenue**

83

84 City

Coral Gables

85 Zip Code
FL 33134

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. The by accept the appointment as registered agent. I am familiar with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE By: **Natasha Utrera, Vice-President**

12. OFFICERS AND DIRECTORS

TITLE **PSTD** [] DELETE
 NAME **DIODATO, ANTHONY**
 STREET ADDRESS **2302 NORTHWEST 15TH WAY**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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 61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

10. Name and Address of New Registered Agent

700002841297-4
 -04/15/99-01122-016
 ****150.00 ****150.00

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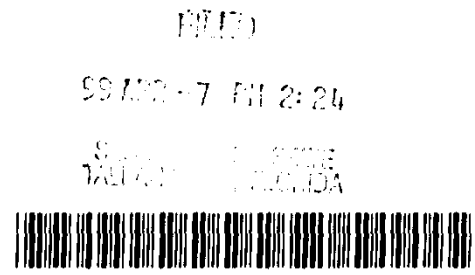
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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: **Anthony Diodato**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 561-716-5707

084114

CR2E034 (11/98)



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STATE OF FLORIDA

DO NOT WRITE IN THIS SPACE

Handwritten initials

3. Date Incorporated or Qualified
08/20/1998
 4. FEI Number
65-0859611 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 [x] No
 10. Name and Address of New Registered Agent