

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**
 Zip Country
 29 **33435** 30 **USA**

9. Name and Address of Current Registered Agent

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

81 Name
Spiegel & Utrera, P.A.
 82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
 83
 84 City **Coral Gables** FL 85 Zip Code **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**
 Signature typed or printed name of signing officer or director

12. OFFICERS AND DIRECTORS

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

11 TITLE		
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[] Change [] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[] Change [] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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

DATE **4/6/99**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 [] Change [] Addition
700002841297--4
-04/15/99--01122--016
******150.00 ****150.00**

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)