FILE	NOW: FILING	FEE AFTER	MAY 1ST IS	\$550.00			•	
COF	PROFIT • • • RPORATION JAL REPORT		FLORIDA DEPART Katherine Secretary DIVISION OF CO	e Harris of State		197.1 997.00 - 7	•	
DOCUMENT # P98000073092 DEPENDABLE CAR SERVICE, INC.						W. W.	i sane Calaba	B (#148 418) (BB)
Principal Place of Business 2302 NORTHWEST 15TH WAY UNIT 641 BOYNTON BEACH FL 33436		POST (Mailing Address POST OFFICE BOX 217 568 EAST WOOLBRIGHT ROAD BOYNTON BEACH FL 33435			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal P 21 Suite, Apt. 22 City & Stat 23 Zip 24	e Country	26 Su 27 S Cit 28 B 29 3	ilion Address 8 EAGT Wood to, Apt #, etc. U ITE 217 y & State OYJTON BEA	CH.FL.	D 5	Election Campaign Financing Trust Fund Contribution This corporation owes the current Personal Property Tax	\$8.75 / Fee Re Re St.	oplied For of Applicable Additional equired May Be to Fees
CORAL GABLES FL 33134					iege: Address(343	0. Name and Address of New Reg 1 & Utrera, P.A. (P.O. Box Number is Noi Acceptable Almeria Avenue		Code
11. Pursuant office or ragent 1 a	to the provisions of Sections egislered agent, or both, in m famili Spice Section By:		en 4 7 0505 Florid	the above named o	corporationalis t	Gables on submits this stitemed for the pulsaried of direction. The by accept the	FL 3 repose of changing its he appointment as re	registered gistered
12.		CERS AND DIRECTO	RS	13.	,	ADDITIONS/CHANGES TO OFFIC		
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CITY-ST-ZIP	BOYNTON BEACH FL			14 CITY - S1 - ZIF		****150		
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CITY-ST-ZIP 44. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Flenda Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Flenda 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 offect as if made under early, that I am an officer or director of the corporation or the receiver or trustice 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 abust himself with an address, with all other like empowered.

SIGNATURE:

SUPPLIED

ANTHONY DIOMATO

ANTHONY DIOMATO

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**Out Trust Block 12 or Blo

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