

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S25399** (4)
1. Corporation Name
CAYO HUESO PARKING, INC.



Principal Place of Business: **101 DUVAL ST
KEY WEST FL 33040
US**
Mailing Address: **1408 OLIVA ST.
KEY WEST FL 33040-7225
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1991		3a. Date of Last Report 2-6-97	
21. Suito, Apt. #, etc.		21a. Suito, Apt. #, etc.		4. FEI Number NOT APPLICABLE		Applied For ☒ Not Applicable	
22. City & State		22a. City & State		5. Certificate of Status Desired ☐		\$5.75 Additional Fee Required	
23. Zip		23a. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		24a. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

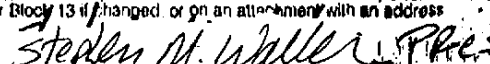
8. Name and Address of Current Registered Agent KIER VANCE 517 1/2 DUVAL ST KEY WEST FL 33040				10. Name and Address of New Registered Agent 01. Name RICHARD M. KLITENICK 02. Street Address (P.O. Box Number is Not Acceptable) 402 APPELROUTH LANE 03. 04. City KEY WEST FL 05. Zip Code 33040			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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:  DATE: **4/28/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS ☐ DELETE	1.1 TITLE	PST ☒ Change ☒ Addition
NAME	WALKER, STEPHEN M.	1.2 NAME	WALKER, STEPHEN M.
STREET ADDRESS	1408 OLIVA ST.	1.3 STREET ADDRESS	1408 OLIVA ST
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	KEY WEST FL 33040
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  DATE: **4-28-98** 305-294-7811