

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

1

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP 30 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **S87003** (7)
1. Corporation Name
PARKING MANAGEMENT SYSTEMS, INC.

Principal Place of Business
**P O BOX 600006
N MIAMI BEACH FL 33160**

Mailing Address
**P O BOX 600006
N MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **1515 University Drive**
Suite, Apt. #, etc.
22 **116**
City & State
23 **Coral Springs, Florida**
Zip Country
24 **33071** 25

2a. Mailing Address
26 **1515 University Drive**
Suite, Apt. #, etc.
27 **Suite 116**
City & State
28 **Coral Springs, Florida**
Zip Country
29 **33071** 30

3. Date Incorporated or Qualified
10/14/1991

4. FEI Number **65-0289725** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation ~~owner~~ has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**BRICKER, DANIEL S
2690 NE 191ST STREET (#2053)
N MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent
81 Name **BRICKER: Daniel, S.**
82 Street Address (P.O. Box Number is Not Acceptable)
1515 University Drive
83 **Suite 116**
84 City **Coral Springs** 85 **FL** Zip Code
33071

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
TITLE **D** ☐ DELETE
NAME **BRICKER, DANIEL S**
STREET ADDRESS **2690 NE 191ST STREET**
CITY-STATE-ZIP **N MIAMI BEACH FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
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STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **D** ☐ Change ☐ Addition
1.2 NAME **BRICKER, Daniel, S.**
1.3 STREET ADDRESS **1515 University Drive (#116)**
1.4 CITY-STATE-ZIP **Coral Springs, Florida 33071**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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.

SIGNATURE:

DANIEL S. BRICKER, President

9/23/98

CR2E034 (5/98)



EXPRESS MAIL
UNITED STATES POSTAL SERVICE™

POST OFFICE TO ADDRESSEE EE607124332US

C-NGIN POSTAL USE ONLY		First Class Envelope	
PO Zip Code 33071	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second		
Date In Mo. 4 Day 23 Year 98	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage \$ 10.75	
Time In 1653	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight 2.7	Int'l Alpha Country Code	COD Fee	Insurance Fee
Ex. <input type="checkbox"/> Ins. <input type="checkbox"/> COD <input type="checkbox"/>	Acceptance Clerk Initials (Signature)	Total Postage & Fees \$ 10.75	

Customer Copy



SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS



CUSTOMER USE ONLY

Express Mail Corporate Acct. No. _____

Special Agency Acct. No. or Special Service Acct. No. _____

NO DELIVERY ☐ Weekend ☐ Holiday ☐ Signature Required ☐

Signature: _____

FROM (PLEASE PRINT)

PARKING MAINT. Systems
1515 UNIVERSITY DR. (#116)
Coral Springs - FL 33071

TO (PLEASE PRINT)

State of Florida
Div. of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

PHONE () _____

FOR PICKUP OR TRACKING CALL 1-800-222-1811 WWW.USPS.GOV

Label 11-B July 1997

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