

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S97011 (8)
1. Corporation Name
RITZ VALET SERVICE, INC.



Principal Place of Business
385 HIGHWAY 98 EAST
SUITE 60
DESTIN FL 32541

Mailing Address
385 HIGHWAY 98 EAST
SUITE 60
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/27/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3105156	
24 Country		30 Country		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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MITCHELL W. LEGLER ONE INDEPENDENT DR SUITE 3104 JACKSONVILLE FL 32202				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	D/P
NAME	BOS, PETER H	1.2 NAME	BOS, PETER H.
STREET ADDRESS	385 HIGHWAY 98 EAST #60	1.3 STREET ADDRESS	385 HWY 98E, STE 60
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	V	2.1 TITLE	T/V
NAME	CLAUSON, GREG	2.2 NAME	CLAUSON, GREG
STREET ADDRESS	385 HIGHWAY 98 E #60	2.3 STREET ADDRESS	385 HWY 98E, STE 60
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	V	3.1 TITLE	
NAME	EMPSON, DANIEL	3.2 NAME	
STREET ADDRESS	385 HIGHWAY 98 E #60	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	PARKER, WENDY L.	4.2 NAME	
STREET ADDRESS	385 HIGHWAY 98 E #60	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	S
NAME		5.2 NAME	BURKE, GAIL
STREET ADDRESS		5.3 STREET ADDRESS	385 HWY 98E, STE 60
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE		6.1 TITLE	V
NAME		6.2 NAME	LORENZEN, DWIGHT C.
STREET ADDRESS		6.3 STREET ADDRESS	385 HWY 98E, STE 60
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DESTIN, FL 32541

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 in an attachment with an address.

SIGNATURE

Peter H. Bos

4/1/98

(850) 654-6500

CR2E034 (10/97)