FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Scoretary of State

DIVISION OF CORPORATIONS

1996

F95000002645 (8)

DOCUMENT #
1. Corporation Name

INTERNATIONAL LIMO, INC.

FILED May 01 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address					1 EMBISON FRIM EDINE MITEL MEITE MUTTE MAINE M	UIFA FIDIŲ B1170 DIBŲ: ¥111 FDB1
P.O. BOX 12556		P.O. BOX 12556	P.O. BOX 12556		:	
ST PETERSBURG FL 33733-2556		ST PETERSBURG FL	ST PETERSBURG FL 33733-2556			
					06/01/1995	of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-3342370	Applied For
21		26			APPLIED FOR:	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Ct. & State		Ch. & Chat.	Oty & State			Fee Required
City & State		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	/	8. This corporation has liability for intangible ta.	x under s 199.032,
24	25	[29]	30		Florida Statutes	
g. Name and Address of Current Registered Agent				T Name	10. Name and Address of New Registered	Agent
DORIES	SZ, NORMAN R		81			
13830 58TH ST., N.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE			83			
	WATER FL 34620		-			T1 7. 6. II
			84	City	FL	85 Zip Code
or registere	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florids h, and accept the obligations of, Sectio	 Such change was authorize 	ed by the con	named corpora ioration's board	ation submits this statement for the purpose of chard of directors. Thereby accept the appointment as	nging its registered office registered agent. I am
SIGNATURE						
	Signature, typed or profest harve of registerical agent a	and the contract of the contract of the contract of	THE R. P. LEWIS CO., LANSING, MICH. LANSING, MICH.	1.5 gradure required		
12.	OFFICERS AND PD	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
TITLE	DOBIESZ, NORMAN R	☐ ptctic	1 1 1111		L	3 Charge Moutton
NAME OTOSET ASSOCIA	P.O. BOX 12556 N/A		1.2 NAME			
STREET ADDRESS	ST PETERSBURG FL			F ADDRESS		
CITY-ST-ZIP TITLE	STD		2.1 Title	5: ZP		Change [] Addition
NAME	DOBIESZ, MAUREEN		2.2 NAME		_	
STREET ADDRESS	P.O. BOX 12556 N/A		1	r Adoress		
CITY-ST-ZIP	ST PETERSBURG FL		24 CHY-			
TITLE		☐ DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STRE	: ADDRESS		
CITY - ST - ZIP			3.4 CITY	ST-ZIP		J
THILE		DELETE	4 1 TiTLE			Change 🔲 Addition
NAME			4.2 NAMC			
STREET ADDRESS			4.3.51860	T ADDRESS		
CITY+ST+ZIF			4.4 CITY-	ST-20P		
TITLE		☐ DELETE	5 1 THILE		Ľ	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	LADOPESS		j
CITY - ST - ZIP		Print the state of	5 4 CITY-			7.05
TITLE		DELETE	6 1 TITLE		L	Change Addition
NAME			6.2 NAME			
STREET ADDRESS			1	LADDRESS		
CITY-ST-ZIP		on the second	6.4 CITY -	\$1 - ZIF		

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Hurther certify that the information indicated on this annual report or suppliements 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 attaching the interest of the corporation and the statutes.

SIGNATURE:

Maureer D. Dollress Sect / Juess Ignature and type on printed name of signing officer of phector

4/26/96 (813) 531-8411

CR2E034 (12/95)