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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000002645

INTERNATIONAL LIMO, INC.

Principal	Place	of	Business

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90032 019 \*\*\*150.00



Principal Place	of Business	Mailing Address				88111 88111 WOLLS (1889 8	1)11 #4##1 #111 (##1
2150 WHITFIELD INDUSTRIAL WAY P.O. BOX 12556 SARASOTA FL 34243 P.O. BOX 12556 ST PETERSBURG FL 33733-255			-2556				
US					1,	IN THIS SPACE	
					3. Date incorporated or Qualifed 06/01/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
2150 W	hitfield Industrial	<b>26</b> )			<u>59-3342370</u>		Not Applicable
Suite, Apt.	· ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	11	5 Additional Required
City & State		City & State			6. Election Campaign Financing	<sub>□</sub> \$5.0	00 May Be
Saraso	ta, FL	28			Trust Fund Contribution	□ Add	ed to Fees
Zip 34243	Country 25 USA	Zip	Coun	try	This corporation owes the curren Personal Property Tax.	nt year Intangible ☐ Yes	□No
.4	9. Name and Address of Currer		001		10. Name and Address of New Re	gistered Agent	
	3. //4			81 Name			
DOB	esz, norman r		Į.	20 01 10 1	(D.O. Banklantania Mak Assautah)		
2150	WHITFIELD INDUSTRIAL WAY		1	82 Street Ad	dress (P.O. Box Number is Not Acceptable	le) ·	
SARA	ASOTA FL 34243		ļ,	83			
			L			<del></del>	
			Į;	B4 City		FL  85   Z	Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized	by the corpora	rporation submits this statement for the putition's board of directors. I hereby accept t	rpose of changing the appointment as	its registered registered
							}
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered A	gent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	☐ DELETE	1.1 TITL	E		Chan	ge 🗍 Addition
NAME	Dobiesz, norman r		1.2 NAM	1E			1
STREET ADDRESS	2150 WHITFIELD INDUSTRIAL	WAY	1.3 STR	EET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CIT	r-ST-ZIP			
TITLE	STD	☐ DELETE	2.1 TITL	E	•	☐ Chan	ige 🗌 Addition
NAME	DOBIESZ, MAUREEN		2.2 NAM	RE	•		}
STREET ADDRESS	2150 WHITFIELD INDUSTRIAL	WAY	2.3 STR	EET ADDRESS			j
CITY-ST-ZIP	SARASOTA FL 34243		2. 4 CfT	Y-ST-ZIP			
TITLE		☐ D€LETE	3.1 TITL	E	<i>t</i> .	` ☐ Chan	ge Addition
NAME			3.2 NAA	AE.			Ì
STREET ADDRESS			3.3 STR	EET ADDRESS			ì
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	E		☐ Chan	ige 🔲 Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS	,		Ę
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	E	\$ .	- Chan	nge
NAME			5.2 NAN	ME			
STREET ADDRESS			5.3 STR	REET ADDRESS	•		}
CITY-ST-ZIP			_	Y-ST-ZIP			
TITLE		☐ DELETE	6.1 गग	.E		Chan	nge 🗌 Addition
NAME			6.2 NAM	AE	•		[
STREET ADDRESS			6.3 STF	REET ADDRESS	•		ł
CITY-ST-ZIP			6.4 CIT	Y-ST-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, with all other like empowered.

SIGNATURE