

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44637 (9)

1. Corporation Name
LIMOUSINE ASSOCIATION OF TAMPA BAY, INC.

Principal Place of Business Mailing Address
**2450 N. SHORE BLVD
SUITE 210
TAMPA FL 33607** **P.O. BOX 5231
TAMPA FL 33605
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/12/1991	3a. Date of Last Report 02/22/1994
4. FEI Number 59-3083827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTILLO, ORLANDO
2450 N WESTSHORE BLVD
SUITE 210
TAMPA FL 33607**

81 Name Guy Mongello
82 Street Address (P.O. Box Number is Not Acceptable) 5982 106th Terr N
83
84 City Pinellas Park
85 FL
86 Zip Code 34666

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 *Guy J. Mongello* **GUY J. MONGELLO** DATE **4-12-95**
Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	CASTILLO, ORLANDO	1.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2414 S 46TH ST	1.2 NAME Orlando Castillo	
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS 3414 S. 46th St	
CITY - ST - ZIP		1.4 CITY - ST - ZIP Tampa FL 33605	
TITLE D	GARCIA, CESAR	2.1 TITLE Director/president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 3605 N/A	2.2 NAME Guy Mongello	
STREET ADDRESS	CLEARWATER FL 34630	2.3 STREET ADDRESS 5982 106th Terrace N	
CITY - ST - ZIP		2.4 CITY - ST - ZIP Pinellas Park, FL 34666	
TITLE D	MONGELLO, GUY	3.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5982 108TH TERRACE N.	3.2 NAME Thomas Fuller	
STREET ADDRESS	PINELLAS PARK FL 34688	3.3 STREET ADDRESS 514 59th St	
CITY - ST - ZIP		3.4 CITY - ST - ZIP Holmes Beach, FL 34212	
TITLE D	VANDERCAM, MARILYN	4.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6403 112TH AVE	4.2 NAME Sune Blewin	
STREET ADDRESS	TEMPLE TERRACE FL	4.3 STREET ADDRESS 1741 Sue Dr.	
CITY - ST - ZIP		4.4 CITY - ST - ZIP Clearwater, FL 34619	
TITLE D	BURLAND, DARLENE	5.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18057 TAMPA PALM BV #349	5.2 NAME Fred Butcher	
STREET ADDRESS	TAMPA FL	5.3 STREET ADDRESS 12265 Shafter RD	
CITY - ST - ZIP		5.4 CITY - ST - ZIP Spring Hill, FL 34608	
TITLE VP	SHAW, DAVE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1399 PASADENA AVE.	6.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL 33707	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wm. J. Stull* **Wm. J. Stull** DATE **4/13/95** **80228-2698**
Signature and typed or printed name of signing officer or director