

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N44637 (9)**  
1. Corporation Name

**LIMOUSINE ASSOCIATION OF TAMPA BAY, INC.**



Principal Place of Business  
**2450 N. SHORE BLVD  
SUITE 210  
TAMPA FL 33607**

Mailing Address  
**P.O. BOX 5231  
TAMPA FL 33605  
US**

3. Date Incorporated or Qualified **06/12/1991** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business  
21 **5982 106<sup>th</sup> Terrace N** 2a. Mailing Address  
26 **5982 106<sup>th</sup> Terrace N.**

4. FEI Number **59-3083827** Applied For  
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

23 City & State **Pinellas Park, Fla** 28 City & State **Pinellas Park, Fla**

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

24 Zip **33782** 25 Country **U.S.** 29 Zip **33782** 30 Country **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MONGELLO, GUY  
5982 106TH TERRACE N.  
SUITE 210  
PINELLAS PARK FL 34866**

10. Name and Address of New Registered Agent  
81 Name **Mongello, Guy**  
82 Street Address (P.O. Box Number is Not Acceptable) **5982 106<sup>th</sup> Terrace N.**  
83  
84 City **Pinellas Park** FL 85 Zip **33782**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>CASTILLO, ORLANDO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2414 S 46TH ST</b>	1.2 NAME	
STREET ADDRESS	<b>TAMPA FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>DP</b>	<b>MONGELLO, GUY</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5982 106TH TERRACE N.</b>	2.2 NAME	
STREET ADDRESS	<b>PINELLAS PARK FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>FULLER, THOMAS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>514 59TH ST.</b>	3.2 NAME	
STREET ADDRESS	<b>HOLMES BEACH FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>BLEVIN, JUNE</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1741 SUE DRIVE</b>	4.2 NAME	
STREET ADDRESS	<b>CLEARWATER FL</b>	4.3 STREET ADDRESS	<b>Mekler, Irvin</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>2992 Farnham Way</b>
TITLE <b>D</b>	<b>BUTCHER, FRED</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>12265 SHAFTON RD</b>	5.2 NAME	
STREET ADDRESS	<b>SPRINGHILL FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<b>SHAW, DAVE</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1389 PASADENA AVE.</b>	6.2 NAME	
STREET ADDRESS	<b>ST. PETERSBURG FL 33707</b>	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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irvin Mekler **IRVIN MEKLER** 6/30/96 813-446-8055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)