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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

5982 106TH TERR N  
SUITE 210  
PINELLAS PARK FL 33782  
US

5982 106TH TERR N  
PINELLAS PARK FL 33782-2600  
US

3. Date Incorporated or Qualified  
08/12/1991

3a. Date of Last Report  
07/12/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-3083827

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONGELLO, GUY  
5982 106TH TERR N  
SUITE 210  
PINELLAS PARK FL 33782

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 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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, ORLANDO	1.2 NAME	
STREET ADDRESS	2414 S 46TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONGELLO, GUY	2.2 NAME	
STREET ADDRESS	5982 106TH TERRACE N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, THOMAS	3.2 NAME	Dennis Pappalardo
STREET ADDRESS	514 59TH ST.	3.3 STREET ADDRESS	2046 cork oak st.
CITY-ST-ZIP	HOLMES BEACH FL	3.4 CITY-ST-ZIP	Sarasota, FL 34232-4350
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEKLER, IRVIN	4.2 NAME	
STREET ADDRESS	2992 FARNHAM WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHER, FRED	5.2 NAME	
STREET ADDRESS	12265 SHAFTON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, DAVE	6.2 NAME	
STREET ADDRESS	1389 PASADENA AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Joseph M. Mongello*  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

1/23/97  
Date

813 541 4354  
Daytime Phone # 0052198

CR2E037 (9/96)