

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 06 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 5982 106TH TERR N SUITE 210 PINELLAS PARK FL 33782 US | | Mailing Address 5982 106TH TERR N PINELLAS PARK FL 33782 US | |
| 21 | 2. Principal Place of Business Suite, Apt. #, etc. | 26 | 2a. Mailing Address Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State TAMPA FL |
| 23 | Zip | 28 | Zip 33623-6122 |
| 24 | Country | 29 | Country |

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 08/12/1991 | | |
| 4. FEI Number 59-3083827 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
**MONGELLO, GUY
5982 106TH TERR N
~~SUITE 210~~
PINELLAS PARK FL 33782**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D CASTILLO, ORLANDO | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2414 S 48TH ST TAMPA FL | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | DP MONGELLO, GUY | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 5982 106TH TERRACE N. PINELLAS PARK FL | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | D PAPPALARDO, DENNIS | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2246 CORK OAK ST SARASOTA FL | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | D MEKLER, IRVIN | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2992 FARNHAM WAY CLEARWATER FL | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | D BUTCHER, FRED | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 12285 SHAFTON RD SPRINGHILL FL | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | VP SHAW, DAVE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1389 PASADENA AVE. ST. PETERSBURG FL 33707 | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Guy J. Mongello* **GUY J. MONGELLO 1-6-98 8135414354**

CFR2037 (10/97)