

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 21 PM 12: 46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000021250 (4)

1. Corporation Name

SELECTIVE LIMOUSINE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 520553
LONGWOOD FL 32752-0553

P.O. BOX 520553
LONGWOOD FL 32752-0553

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/22/1993** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-3169587** Applied For Not Applicable

21 **158 Kelly Circle**

2a. Mailing Address **P.O. Box 520553**

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc. **Longwood Fl 32752**

23 **Sturford Fl**

27 **Longwood Fl 32752**

24 **32773** 25 Country

28 **32752** 29 Country

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOUNTAIN, DENNIS F
1250 S. HWY 17-92
SUITE 250
LONGWOOD FL 32750**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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

Signature, typed or printed name of registered agent and his or her address

(FBI) Registered Agent or registered agent's name and address

(DATE)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	13. NAME	14. STREET ADDRESS	15. CITY, ST, ZIP
	DP BREDEL, MARLIERES M,	P.O. BOX 520553 N/A	LONGWOOD FL 32752-0553

16. TITLE	17. NAME	18. STREET ADDRESS	19. CITY, ST, ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the nonpublic status in Section 119.07(3)(b), Florida Statutes. Further, I 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 create 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.

SIGNATURE: *Marlies Broedel* **MARLIERES BREDEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

3/10/95 (407) 328-4588

CR2E034 (3/95)