SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996 8-B90 B-7588

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

DOCUMENT # **P94000029654 (8)**

1. Corporation Name

KISSIMMEE CHECKER CAB, INC.

Principal Place of Business
2719 OLD DIXIE HWY
KISSIMMEE FL 34744

Mailing Address
2719 OLD DIXIE HWY
KISSIMMEE FL 34744

3. Date Incorporated or Qualified: **04/12/1994**
3a. Date of Last Report: **03/14/1995**

4. FEI Number: **59-3239027** — Applied For / Not Applicable

2. Principal Place of Business
21 1080 E Carroll ST
Suite, Apt. #, etc. 22
City & State 23 Kiss Fl.
Zip 24 34744 Country 25 Osceola

2a. Mailing Address
26 1080 E Carroll ST
Suite, Apt. #, etc. 27
City & State 28 Kiss. Fl.
Zip 29 34744 Country 30 Osceola

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

TINT, NANCY
2719 OLD DIXIE HWY
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: Nancy Tint
82 Street Address (P.O. Box Number is Not Acceptable): 1080 E Carroll ST
83
84 City: Kissimmee FL 85 Zip Code: 34744

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: Nancy Tint — DATE: 8/1/96
Signature, type the full name of the registered agent and the date, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	TINT, NANCY	
STREET ADDRESS	2719 OLD DIXIE HWY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	☒ DELETE
NAME	DEFALCO, DENNIS	
STREET ADDRESS	2719 OLD DIXIE HWY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☑ Change ☐ Addition
1.2 NAME	Nancy Tint	
1.3 STREET ADDRESS	1080 E. Carroll St	
1.4 CITY-ST-ZIP	Kiss Fl. 34744	
2.1 TITLE	D	☑ Change ☐ Addition
2.2 NAME	Dennis DePalco	
2.3 STREET ADDRESS	1080 E. Carroll ST	
2.4 CITY-ST-ZIP	Kiss Fl. 34744	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: Nancy Tint — 8/1/96 — 407-846-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0124309 CP