


**FILED**  
**Jun 23, 1999 8:00 am**  
**Secretary of State**

06-23-1999 90006 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000054642**

1. Corporation Name  
**WEST COAST LIMOSINE SERVICE AND GROUND TRANSPORTATION INTERNATIONAL, INC.**



Principal Place of Business 808 GOLFVIEW DR. TALLAHASSEE FL 32301	Mailing Address 808 GOLFVIEW DR. TALLAHASSEE FL 32301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/18/1998</b>
21 Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip Country	29 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIAMS, ROSA 808 GOLFVIEW DR., TALLAHASSEE FL 32301		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 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 \_\_\_\_\_ 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	Secretary <input type="checkbox"/> DELETE	1.1 TITLE	Board member 1 Sec. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eva Johnson	1.2 NAME	Eva Johnson
STREET ADDRESS	732 W. 95th St.	1.3 STREET ADDRESS	732 W. 95th St.
CITY-ST-ZIP	L.A. Ca. 90044	1.4 CITY-ST-ZIP	L.A. Ca. 90044
TITLE	Chairman <input type="checkbox"/> DELETE	2.1 TITLE	Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adwoa Nyamekye	2.2 NAME	Adwoa Nyamekye
STREET ADDRESS	5462 Crenshaw Blvd.	2.3 STREET ADDRESS	5462 Crenshaw Blvd
CITY-ST-ZIP	L.A. Ca. 90043	2.4 CITY-ST-ZIP	L.A. Ca. 90043
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	Board member 1 Dir. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clyde Johnson	3.2 NAME	Clyde Johnson
STREET ADDRESS	5462 Crenshaw Blvd.	3.3 STREET ADDRESS	5462 Crenshaw Blvd.
CITY-ST-ZIP	L.A. Ca. 90043	3.4 CITY-ST-ZIP	L.A. Ca. 90043
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eva Johnson REQUIREVA Johnson 6-8-99 (950) 877-1723  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)