

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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AND
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1997 APR 25 PM 3: 31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # 143078 (4)

1. Corporation Name
RED TOP SEDAN SERVICE INC



Principal Place of Business
**11077 NW 36TH AVE
MIAMI FL 33167**

Mailing Address
**11077 NW 36TH AVE
MIAMI FL 33167-3711**

3. Date Incorporated or Qualified 06/29/1944	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0527433	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Legal Dept. 27 One Riverway, Suite 600 28 Houston, Texas 29 77056-1903 30
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9. Name and Address of Current Registered Agent CICERONE, LOUIS R. 11077 NW 36TH AVE MIAMI FL 33167	10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET 83 84 City TALLAHASSEE FL 85 Zip Code 32301
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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.
Deborah D. Skipper *Deborah D. Skipper, Agent 4/24/97*
SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retiring.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE n/d/s	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CICERONE, L R		1.2 NAME Douglas M. Cerny	
STREET ADDRESS 11077 NW 36TH AVE		1.3 STREET ADDRESS One Riverway, Suite 600	
CITY-ST-ZIP MIAMI, FL 00000		1.4 CITY-ST-ZIP Houston, Texas 77056-1903	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEBLANG, DAVID		2.2 NAME Raymond K. Turner	
STREET ADDRESS 11077 NW 36TH AVE		2.3 STREET ADDRESS One Riverway, Suite 600	
CITY-ST-ZIP MIAMI, FL 00000		2.4 CITY-ST-ZIP Houston, Texas 77056-1903	
TITLE CD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SEGAL, NORTON		3.2 NAME Steven T. Zellers	
STREET ADDRESS 11077 NW 36TH AVE		3.3 STREET ADDRESS One Riverway, Suite 600	
CITY-ST-ZIP MIAMI, FL 00000		3.4 CITY-ST-ZIP Houston, Texas 77056-1903	
TITLE 	<input type="checkbox"/> DELETE	4.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		4.2 NAME Rebecca S. Buchanan	
STREET ADDRESS 		4.3 STREET ADDRESS One Riverway, Suite 600	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP Houston, Texas 77056-1903	
TITLE 	<input type="checkbox"/> DELETE	5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		5.2 NAME 700002155547--2	
STREET ADDRESS 		5.3 STREET ADDRESS -04/25/97--01086--015	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP ****165.00 ****165.00	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca S. Buchanan* **RECORDED** **April 23, 1997** **713-888-0104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)