

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **257736** (9)

1. Corporation Name  
**CITY TAXI CAB SYSTEM, INC.**



Principal Place of Business: **2070 WESTWARD DR MIAMI SPRINGS FL 33166**  
Mailing Address: **2070 WESTWARD DR MIAMI SPRINGS FL 33166**

3. Date Incorporated or Qualified: **04/09/1962** 3a. Date of Last Report: **03/31/1995**  
4. FEI Number: **59-0971140** Applied For:  Not Applicable  
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

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Country  
24. Zip  
25. Country  
26. Mailing Address: Suite, Apt. #, etc.  
27. City & State  
28. Country  
29. Zip  
30. Country

**9. Name and Address of Current Registered Agent**

**STANZELLA, VERDEENA  
2070 WESTWARD DR  
MIAMI SPRINGS FL 33166**

**10. Name and Address of New Registered Agent**

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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when registering.)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STANZELLA, VERDEENA	
STREET ADDRESS	2070 WESTWARD DR	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-4915	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KIBBY, MARTIN	
STREET ADDRESS	4023 OAK RUN	
CITY-ST-ZIP	HUMBLE TX 77396	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DUPUS, JOY	
STREET ADDRESS	715 WEST 50TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V.P. Roni Kibby
4.3 STREET ADDRESS	4023 OAK Run Humble TX 77396
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V.P. Roger Kibby
5.3 STREET ADDRESS	445-90th Street East
5.4 CITY-ST-ZIP	LANCASTER, CALIFORNIA 93534
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *Verdeena Stanzella* (Verdeena Stanzella) 3-5-96 (305) 888-6156  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (12/95)