

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. City & State Country Zip
22. Suite, Apt. #, etc. City & State Country Zip
23. City & State Country Zip
24. Country Zip

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD <input type="checkbox"/> DELETE	NAME: STANZELLA, VERDEENA	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2070 WESTWARD DR	CITY-ST-ZIP: MIAMI SPRINGS FL 33166-4915	1.2 NAME:	
TITLE: VP <input type="checkbox"/> DELETE	NAME: KIBBY, MARTIN	1.3 STREET ADDRESS:	
STREET ADDRESS: 4023 OAK RUN	CITY-ST-ZIP: HUMBLE TX 77396	1.4 CITY-ST-ZIP:	
TITLE: ST <input type="checkbox"/> DELETE	NAME: DUPUS, JOY	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 715 WEST 50TH ST	CITY-ST-ZIP: HIALEAH FL	2.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V.P.
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	Roni Kibby
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:	4023 OAK Run Humble TX 77396
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V.P.
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	Roger Kibby
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS:	445-90th Street East
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	LANCASTER, CALIFORNIA 93534
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	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)