

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # 287782 (7)  
1. Corporation Name  
ABC TAXI SERVICE INC



**Principal Place of Business**  
**1505 NORTHWEST FIRST AVENUE**  
**FORT LAUDERDALE FL 33311**

**Mailing Address**  
**1505 NORTHWEST FIRST AVENUE**  
**FORT LAUDERDALE FL 33311-5545**

3. Date Incorporated or Qualified <b>12/15/1964</b>		3a. Date of Last Report <b>06/04/1996</b>	
4. FEI Number <b>59-1418684</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

**RISDON, M.D.**  
**1505 NORTHWEST FIRST AVENUE**  
**FORT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81	Name	Camillo, John, M.
82	Street Address (P.O. Box Number is Not Acceptable)	1600 W Commercial Blvd
83		
84	City	Ft. Lauderdale
85	Zip Code	33302

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

Signature, typed or printed, of authorized agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

## OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	RISDON, MD	1505 NW FIRST AVE	FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE
VPD	GADDIS, MICHAEL	517 N FED HWY	FT LAUDERDALE FL	<input type="checkbox"/> DELETE
SD	LOREN, KENNETH	517 N FED HWY	FT LAUDERDALE FL	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Gaddis, Jesse		
1.3 STREET ADDRESS	221 W Oakland Park Blvd.		
1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33311-1757		
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 type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
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 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 checked, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

De

Daytime Phone #

000000

**CR2E034 (9/96)**