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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 10, 1999 8:00 am Secretary of State

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DOCUMENT #	59672	9
DOCUMENT # Corporation Name CENTRAL FLORIDA L	IMOUSINE,	INC

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	Сiр	dipal Place of Business Mailing Address							
		MAIN S ND FL	•1	2101 E MAIN ST Lakeland FL 33801				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 12/08/1978	_	
21	erir	icipal PI	ace of Business	2a. Mailing Address				4. FEI Number Applied For]
21				26				59-1874262 Not Applicable	4
22	Sui	te, Apt.	#, etc.	Suite, Apt. #, etc.			_	5. Certificate of Status Desired 3 Fee Required	
	City	& State	8	City & State				6. Election Campaign Financing \$5.00 May Be	Ì
23	1			28				Trust Fund Contribution Added to Fees	4
14.	Zip	; } ·	Country	Zip	_ Cour	ntry		8. This corporation owes the current year Intangible	
24	4	1	25	11	0			Personal Property Tax. ☐ Yes ☐ No	4
li.	44	. 4.1.	9. Name and Address of Current	Registered Agent		81	Nama	10. Name and Address of New Registered Agent	┪
		. Len vi	ER WYNN		1	•	Name	The second secon	1
id	11:		E MAIN STREET		Ī	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
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1			Editor C 33001			83			ļ
		i i r			İ	84	City	85 Zíp Code	7
4		Liver Lat	F#					the statement for the information of changing its registered	┥
	II.	### "	anistored agent or both in the State of	Florida, Such change was aut	nonzed	DV I	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
		inπtla⊩	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	la Statu	ıtes.			
386	i.	YTURE:	<u></u>		,			THE RESERVE TO SERVE THE PARTY OF THE PARTY	ļ
- 1		17.314	Signature, typed or printed name of registered agent a OFFICERS AND	······································	13.	Agent	t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-
		7 1	CEO	DELETE	1.1 707	LE		Change ☐ Addition	ī
			SILVER, WYNN		1.2 NA				ļ
15	441	9	2101 E MAIN ST				ADDRESS		ı
Sign	<u> </u>	ADDRESS ZIP	LAKELAND, FL 00000		1.4 CIT				
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141	4		SILVER, JOHN WYNN		2.2 NA			**************************************	
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- 111	-31 F	ZIP	Sunda.	☐ DELETE	3.1 TIT			☐ Change ☐ Addition	ì
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14. If hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 infliction or director of the colororation 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 3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE