

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

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**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 APR 11 PM 3:11

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # F93000004109 (5)**  
 1. Corporation Name  
**CAREY LIMOUSINE FLORIDA, INC.**

Principal Place of Business      Mailing Address  
**1500 BELVEDERE RD**      **1500 BELVEDERE RD**  
**WEST PALM BEACH FL 33406**      **WEST PALM BEACH FL 33406**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/09/1993**      3a. Date of Last Report: **10/24/1994**

4. FEI Number: **65-0429443**      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. 109.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent  
**HAMMAN, ROBERT D**  
**1500 BELVEDERE RD**  
**WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City      B5 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLFINGTON, VINCENT A</b>	1.2 NAME	
STREET ADDRESS	<b>4530 WISCONSIN AVENUE, N.W.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WASHINGTON DC 20016</b>	1.4 CITY - ST - ZIP	
TITLE	<b>AT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, JERRY W</b>	2.2 NAME	
STREET ADDRESS	<b>4530 WISCONSIN AVENUE, N.W.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WASHINGTON DC 20016</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAILEY, DON R</b>	3.2 NAME	
STREET ADDRESS	<b>4530 WISCONSIN AVENUE, N.W.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WASHINGTON DC 20016</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOLLANO, ROBERT P</b>	4.2 NAME	
STREET ADDRESS	<b>4530 WISCONSIN AVENUE, N.W.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WASHINGTON DC 20016</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 a partner or partner-investor or partner-investor to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of the above report with an address.

SIGNATURE: *Robert P Vollano, V.P.*      Date: *3/30/95*      District/County: *202/395-1200*