

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000004109 (5)

1. Corporation Name
CAREY LIMOUSINE FLORIDA, INC.



Principal Place of Business
1500 BELVEDERE ROAD WEST PALM BEACH FL 33406

Mailing Address
1500 BELVEDERE ROAD WEST PALM BEACH FL 33406-1502

3. Date Incorporated or Qualified **09/09/1993** 3a. Date of Last Report **11/19/1996**

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

4. FEI Number **65-0428443** 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

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
 81 Name **CT Corporation System**
 82 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**
 83
 84 City **Plantation** FL 85 Zip Code **33324**

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]* **CT Corporation System** **01/30/97**
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFINGTON, VINCENT A	1.2 NAME	
STREET ADDRESS	4530 WISCONSIN AVENUE, N.W.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC 20016	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, GUY	2.2 NAME	
STREET ADDRESS	4530 WISCONSIN AVENUE, N.W.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC 20016	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, DON R	3.2 NAME	
STREET ADDRESS	4530 WISCONSIN AVENUE, N.W.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC 20016	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAEDICKE, DAVID	4.2 NAME	
STREET ADDRESS	4530 WISCONSIN AVENUE, N.W.	4.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC 20016	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **DAVID H HAEDICKE** **3/10/97** **(202) 895-1238**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)