SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Aug 22 1996 8:00 am
Secretary of State

DOCUMENT # **F95000003728 (1)**

1. Corporation Name
SOUTHERN STYLE LIMOUSINE SERVICE, INC.

Principal Place of Business	Mailing Address
9720 NW 15TH COURT PEMBROKE PINES FL 33124	9720 NW 15TH COURT PEMBROKE PINES FL 33124

3. Date Incorporated or Qualified: 08/02/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7081 Taft Street	26 7081 Taft Street
Suite, Apt. #, etc. 22 Suite 156	Suite, Apt. #, etc. 27 Suite 156
City & State 23 Hollywood, FL	City & State 28 Hollywood, FL
Zip / Country 24 33024 / 25 Broward	Zip / Country 29 33024 / 30 Broward

4. FEI Number: ~~APPLIED FOR~~ 62-1609787 ☐ 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

~~MOYERS, KATHRYN L~~
~~9720 NW 15TH COURT~~
~~PEMBROKE PINES FL 33124~~

10. Name and Address of New Registered Agent

81 Name: Kathryn L. Moyers
82 Street Address (P.O. Box Number is Not Acceptable): 6940 SW 11th Street
83
84 City: Pembroke Pines FL 85 Zip Code: 33023

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's signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOYERS, KATHRYN ~~9720 NW 15TH COURT~~ ~~PEMBROKE PINES FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 6940 SW 11th Street Pembroke Pines, FL 33023	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MOYERS, ROSS L ~~9720 NW 15TH COURT~~ ~~PEMBROKE PINES FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition 6940 SW 11th Street Pembroke Pines, FL 33023	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathryn L. Moyers — 8/15/96 — (954) 987-9006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #