

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G70375** (2)

1. Corporation Name

FANCY NANCY'S LIMO SERVICE, INCORPORATED



Principal Place of Business

**6201-6211 N. NEBRASKA AVE
TAMPA FL 33604-6256**

Mailing Address

**6201-6211 N. NEBRASKA AVE
TAMPA FL 33604-6256**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**CRAMER, NANCY H.
13815 LAKE VILLAGE PL.
TAMPA FL 33624**

81. Name

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

83.

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above named corporation ratifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such ratification was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0502 and 607.1501, Florida Statutes.

SIGNATURE

Nancy H. Cramer

12. OFFICERS AND DIRECTORS

TITLE	PST	[] DELETE
NAME	CRAMER, NANCY H.	
STREET ADDRESS	13815 LAKE VILLAGE PLACE	
CITY-STATE-ZIP	TAMPA FL	
TITLE	D	[] DELETE
NAME	CRAMER, NANCY H.	
STREET ADDRESS	13815 LAKE VILLAGE PLACE	
CITY-STATE-ZIP	TAMPA FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	[] Change [] Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	[] Change [] Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	[] Change [] Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	[] Change [] Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	[] Change [] Addition

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)(g), 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 majority or business employees of the corporation; that this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *Nancy H. Cramer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96

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CR2E034 (12/95)