

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H82051** (4)

1. Corporation Name

**LIMO-AUTO, INC.**



Principal Place of Business

1625 SE 3RD AVE., SUITE 400  
P.O. BOX 350248  
FORT LAUDERDALE FL 33316  
US

Mailing Address

1625 SE 3RD AVE., SUITE 400  
P.O. BOX 350248  
FORT LAUDERDALE FL 33316  
US

2. Principal Place of Business

21 1625 S. E. 3rd Ave.

Suite, Apt. #, etc.

22 Suite 400

City & State

23 Fort Lauderdale, FL

Zip

24 22216-2521 25 U.S.A.

2a. Mailing Address

26 1625 S.E. 3rd Ave.

Suite, Apt. #, etc.

27 Suite 400

City & State

28 Fort Lauderdale

Zip

29 33316-2521 30 USA

3. Date Incorporated or Qualified

10/22/1985

3a. Date of Last Report

02/28/1995

4. FEI Number

59-2598671

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

DICKENS, WILLIS N  
1625 SE 3RD AVE., SUITE 400  
P.O. BOX 350248  
FT. LAUDERDALE FL 33335

81 Name

DICKENS, Willis N.

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

1625 S. E. 3rd Ave.

83

Suite 400

84 City

Fort Lauderdale

FL

85 Zip Code

33316-2521

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 607.0903, Florida Statutes.

SIGNATURE

WILLIS N. Dickens, R.D. (if applicable)

(NOTE: Registered Agent Signature Required When Reinstating)

3-19-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DICKENS, WILLIS N.  
STREET ADDRESS 1831 S.E. 9TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-96

(954) 524-6527

Daytime Phone #

CR2E034 (12/95)