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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90045 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H82051**

1. Corporation Name
LIMO-AUTO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1625 SE 3RD AVE SUITE 400 FORT LAUDERDALE FL 33316-521 US

3. Date Incorporated or Qualified
10/22/1985

4. FEI Number
59-2598671

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 owes the current year Intangible Personal Property Tax. 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 29 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**DICKENS, WILLIS N
 1625 SE 3RD AVE., SUITE 400
 FT. LAUDERDALE FL 33316-2521**

10. Name and Address of New Registered Agent

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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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, with all other like empowered

SIGNATURE: Willis N. Dickens 3/11/99 (954) 524-6527
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Business Phone #

CR2E034 (1/198)