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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # J06486 (1)

1. Corporation Name
ARISTOCRAT LIMOUSINE, INCORPORATED

Principal Place of Business	Mailing Address
7621 124TH AVE. SUITE C LARGO FL 34643	P. O. BOX 3605 SUITE C CLEARWATER FL 34630 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/28/1986**
3a. Date of Last Report: **03/10/1994**
4. FEI Number: **59-2778786** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 X 926 Eldorado Ave	26
Suite, Apt. #, etc. 22 X	Suite, Apt. #, etc. 27
City & State 23 X Clw. Fl.	City & State 28
Zip 24 X 34630 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GARCIA, CEASAR B.
926 ELDORADO AVE
CLEARWATER FL 34630

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 607.0902 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 ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, CEASAR B.
STREET ADDRESS	926 ELDORADO AVE
CITY, ST, ZIP	CLEARWATER FL
TITLE	~~VP~~ V.P.
NAME	~~GARCIA, CEASAR B.~~ Stephen Lewis
STREET ADDRESS	~~926 ELDORADO~~ 12213 104 Lane N
CITY, ST, ZIP	~~CLEARWATER FL~~ Largo Fl. 34643
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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 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(1)(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: X Cesar [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-16-95
Date

X (813) 447-4786
Daytime Phone #

0466364 FP