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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

. Corporatio <b>AFFO</b>	RDABLE LIMOUSINE SERVI	CE, INC.	•		I JAANINA BYEK BUJAR HIJAR YINH DU	Hiệ cóm đượn điện	Pirk rirki r	11111 <b>211</b> 14 10 <b>6</b> 4
Principal Place of Business Mailing Address								
% JOHN F. MIKULIC 5335 1ST AVENUE. N.W. NAPLES FL 33999		% JOHN F. MIKULIC 5335 1ST AVENUE. N.W. NAPLES FL 33999						
					<ol> <li>Date Incorporated or Qualified 01/20/1987</li> </ol>	1	f Last Rep 16/199	
Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For			
Suite, Apt	#, etc.	26 Suite, Apt. #, e	tr.		59-2777632			ot Applicable
		27			5. Certificate of Status Desired		•	Additional equired
City & State	e	City & State			6. Election Campaign Financing			May Be
Zιρ	Country	28 Zip	Countr	·	Trust Fund Contribution		Added	
	25	29	30		<ol> <li>This corporation has liability for intangible tax under s 199.032,</li> <li>Florida Statutes ☐ Yes ☐ No</li> </ol>			
	9. Name and Address of Current	t Registered Agent		7	10. Name and Address of New	Registered Ag	ent	
MIKULIC, JOHN F.			81	Name				
	ST AVENUE, N.W.	<b>82</b> St		Street Add	ress (P.O. Box Number is Not Accepta	ble)		
	S FL 33999		83	,				
			<b>I</b>	1				
			84	City			as Zin (	COOL
l. Pursuant t or register familiar wil	to the provisions of Sections 607,0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Sectic	and 607.1508, Florida S a. Such change was aul on 607.0605, Florida Sta	-		ration submits this statement for the purid of directors. I hereby accept the app		85 Zip ( ing its reg gistered ag	
GNATURE	to the provisions of Sections 607,0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section System by an acceptance of registeridagents of FLICERS AND	and title diagraidable	Statutes, the above thorized by the corpatutes.  (NOTE: Registered Apr	named corpor poration's boa	d when reinstating:	urpose of chang pointment as rec	ing its reg gistered ad	gistered offic gent. I am
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SIGNATURE:

MATTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

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