FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J94089

(6)

NEW HORIZON LIMOUSINE, INC.

	J	HLLEL)
Apr	10	1998	8:00am
Se	cre	tary c	of State

Ditable Disa		A. W. A. delegan					
'		-	Mailing Address				
19701 GULF BLVD.			19701 GULF BLVD.				
#404 #404 #404 INDIAN SHORES FL 34636- 33785 INDIAN			MAUA INDIAN SHORES FL 94895 33785		DO NOT WRITE IN THIS SPACE		
US US			, ,,,,,,,	3. Date Incorporated or Qua	ılified		
				09/21/1987			
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number		Ar	oplied For
21		26		59-2850411		No	ot Applicable
Suite, Apt.	#, 91 C.	Suite, Apt. #, etc.			ed 🗆	\$8.75	Additional
22		27		Certificate of Status Desir	6a 🗀	Fee Re	equired
City & State	е	City & State		6. Election Campaign Finan	cing	\$5.00	May Be
23		28		Trust Fund Contribution	_ 🔲		to Fees
Zip	Country	Zip	Country	8. This corporation owes or	has paid the cui	rent year Int	tangible
24	25	29	30	Personal Property Tax du	e June 30.	Yes [] No
	g. Name and Address of Curren	it Registered Agent		10. Name and Address of N	ew Registered	Agent	
STO	over, Bonnie L.		81 Nam	е			
	701 GULF BLVD.		82 Stree	et Address (P.O. Box Number is Not Ad	centable)		
STI	F 404		02 01100	A Madress (F.O. Dox Malinson is Mat Ac	ооршою		
IND	HAN SHORES FL 84685 3378	15	B3				
		~					<u> </u>
			B4 City		FL	 85 Zip	Code
office or r	egistered agent, or both, in the State	of Florida, Such change was a	uthorized by the co	d corporation submits this statement for corporation's board of directors. I hereby	or the purpose o	f changing it pointment as	ts registered registered
agent i a	m familiar with, and accept the obligi	ations of, Section 607.0505, Flo	rida Statules.				
SIGNATURE	Signature, Typod or printed name of registered age	int and title if applicable (NOTE	Registered Apont signat	ure required when re-installing)	DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO	· · · · · · · · · · · · · · · · · · ·	DIBECTOE	RS IN 12
TITLE	PVD	DELETE	1) THILE	ADDITIONO/OTANGEO TO	OTT TOETO FATE	Change	Addition
NAME	STOVER, BONNIE		12 NAME				
	19701 GULF BLVD #404		1.3 STREET ADDRESS				
STREET ADDRESS	INDIAN SHORES FL 33'	186		?			
CITY-ST-ZIP TITLE	MUMN SHORES FL 33	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
		_ better		İ		onlarge	
NAME			2 2 NAME				
STREET ADDRESS			2 3 STREET ADDRESS	6			•
CITY-ST-ZIP		DELETE	2 4 CITY-ST-ZIP		··		I James Common C
TITLE		☐ DELETE	3 1 TAILE			L Change	☐ Addilion
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREFT ADDRESS	5			
CITY-ST-ZIP	-	· · · · · · · · · · · · · · · · · · ·	3.4. CITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TOLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	s			
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	;			
CITY-ST-ZIP			5.4 C(TY - S1 - Z(P				
TITLE		DELETE	6.1 TITLE	<u> </u>		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			· ·	.			
			6.3 STREET ADDRESS	`			
CITY-ST-ZIP	carlifu that the information currelied w	ith this filing does not qualify to	6.4 CITY - ST - ZIP	tted in Section 119.07(3)(i), Florida Stat	utae I further as	etifu that ha	information
Indicated	on this annual report or supplementa	il annual report is true and accu	urate and that my s	ignature shall have the same legal effe	ct as if made un	ider oath; tha	atlam an
officer or o Block 12 o	director of the corporation or the reco or Block 13 if changed, or on an attac	erver or trustee empowered to e chment with an address.	execute this report	as required by Chapter 607, Florida Sta	itutes; and that r	ny name ap	pears in