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95 MAY -1 PM 2:35

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J96312

(0)

1. Corporation Name

A-1 LIMOUSINES LTD., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% JOAN DRAGOTTA
1109 N FEDERAL HWY
HOLLYWOOD FL 33020

Mailing Address

% JOAN DRAGOTTA
1109 N FEDERAL HWY
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1987

3a. Date of Last Report

07/11/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0026458

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

29

8. This Corporation has liability for intangible tax under S. 199 (3)(2),
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRAGOTTA, JOAN
1109 N FEDERAL HWY
HOLLYWOOD FL 33020

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 of Registered Agent or Agent-in-Charge)

(Signature of Registered Agent or Agent-in-Charge)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP
7. TITLE NAME STREET ADDRESS CITY, ST, ZIP
8. TITLE NAME STREET ADDRESS CITY, ST, ZIP

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8. TITLE NAME STREET ADDRESS CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption related in Section 199.07(3)(b), Florida Statutes. I further certify that the information included on the 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. I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached report with an addendum.

SIGNATURE:

Joan Dragotta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Dragotta

4/28/95

305-985-2617

Telephone Number