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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name	910
ALPHA OF BROWARD LIMOU	ISINÉ SERVICE. INC.
ALITIN OF BROWNING EIMOG	OUNT OFFICE HAD
Principal Place of Business	Mailing Address
2323 NW 19 ST.	2323 NW 19 ST.
FORT LAUDERDALE FL 33311	FORT LAUDERDALE FL 33311
2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90016 016 ***150.00

Principal Plac	e of Business	Mailing Address							
2323 NW 19 S	T. Dale fl 33311	2323 NW 19 ST. FORT LAUDERDALE	E FL 33311						•
TOTAL CHOOLIN	DALL VE SOUTH	7 OTT O IOU ENGINEE				DO NO.	T WRITE IN TH	IS SPACE	
	* .					 Date Incorporated or Qu 02/12/1988 	ıalifed		
2. Principal P	Place of Business	2a. Mailing Addres	5S			4. FEI Number		A	oplied For
21	•	26				65-0173388	*	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.			5. Certifcate of Status Des	ired		Additional equired
City & Stat	te .	City & State	,			6. Election Campaign Final	ncina	\$5.00	May Be
23		28				Trust Fund Contribution	D		to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes th	ne current year	Intangible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of	New Registere	d Agent	
	¥4.1× V2 14.	,		81 Nan	ne		•		
	SS, LEONARD C 3 N.W. 19TH ST.	SERVICE SEC		82 Stre	et Address	ss (P.O. Box Number is Not A	cceptable)		
	TE 3			83			7. Parsan		9:01 71:01 4 91
	LAUDERDALE FL 33311						. The state of the	[3] [1] [1]	d7. 54 (V
				84 City	,		F	85 Zip	Code ""
11. Pursuant office or u	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	02 and 607.1508, Florida of Florida! Such change tions of, Section 607.05	Statutes, the a was authorize 505, Florida Sta	above-named by the continued by the cont	ed corpora orporation's	ation submits this statement to board of directors. I hereby	for the purpose accept the app	of changing its pointment as re	s registered egistered
agent. I a	am familiar with, and accept the obligation of t	nt and title if applicable.	(NOTE: Registere	tutes. d Agent signati		when reinstating).	DATE		
agent. I a SIGNATURE 12.	am familiar with, and accept the obligation of signature, typed or printed name of registered age of the obligation of t	nt and title if applicable.	(NOTE: Registere	tutes. d Agent signatu		when reinstating). 14;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	DATE	AND DIRECTO	DRS IN 12
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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