

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K41571** (6)
1. Corporation Name
CORPORATE LIMOUSINE AND AIRPORT SERVICE, INC.



Principal Place of Business 7540 N.W. 5TH ST #8 PLANTATION FL 33317 US	Mailing Address P.O. BOX 17742 FT. LAUDERDALE FL 33318-7742 US
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2. Principal Place of Business 21 6554 NW 13 CT. Suite, Apt. #, etc. 22 City & State 23 FT. LAUDERDALE, FL Zip 24 33313 Country 25 BROWARD	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 10/27/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0126044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DESANTI, ROBERT
7540 NW 5TH ST
PLANTATION FL 33317**

10. Name and Address of New Registered Agent 81 Name ROBERT DESANTI 82 Street Address (P.O. Box Number is Not Acceptable) 6554 NW 13th COURT 83 84 City FT. LAUDERDALE FL 85 Zip Code 33313

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	DESANTI, ROBERT
STREET ADDRESS	620 N W 73 AVE
CITY-ST-ZIP	PLANTATION FL
TITLE	D
NAME	DESANTI, LOUIS
STREET ADDRESS	620 NW 73RD AVE
CITY-ST-ZIP	PLANTATION FL
TITLE	D
NAME	DESANTI, ROBERT
STREET ADDRESS	620 N.W. 73RD AVENUE
CITY-ST-ZIP	PLANTATION FL
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6554 NW 13th COURT
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33313
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	6554 NW 13th COURT
3.3 STREET ADDRESS	FT. LAUDERDALE, FL 33313
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

Robert P. Desanti

APR 30 97 791-3000

CR2E034 (9/96)