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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K75364**

RICKENBACKER LIMO SERVICE #1, INC.

Principal Place of Business 98 NW 79TH ST

Mailing Address

May 10, 1999 8:00 am Secretary of State

05-10-1999 90218 006 ***150.00



198 NW 79TH ST MIAMI FL 33150 MIAMI FL 33150 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/21/1989 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 65-0189328 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes the current year Intangible □No 30 ☐ Yes Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HAAS, BRUCE 82 Street Address (P.O. Box Number is Not Acceptable) 2111 NW 60TH CIRCLE **BOCA RATON FL 33496** 83 Zip Code 84 85 City

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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.1 TITLE TITLE Jedwab, Orlie JEDWAB, CORLIE 1.2 NAME NAME 2462 INAGWA AVE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition T DÉLETE 2.1 TITLE ☐ Change TITLE HAAS, BRUCE 2.2 NAME NAME 2111 NW 60TH CIRCLE 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 3.1 TITLE TITI F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREFT ADDRESS STREET ADDRESS 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 of 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 of 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 chapted, or on an apachment with an address, with all other like empowered.

SIGNATURE:

(11/98)CR2E034