

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 23 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K95764** (2)
1. Corporation Name
CALIENDO LIMOUSINE SALES, INC.

Principal Place of Business Mailing Address
2025 SOUTHEAST 49TH AVENUE 2025 SOUTHEAST 49TH AVENUE
OCALA FL 34471 Ocala FL 34471
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/15/1989 3a. Date of Last Report 04/13/1994

2. Principal Place of Business 2a. Mailing Address
21 1510 SW 17th ST 26 1510 SW 17th ST
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Ocala FL 28 Ocala FL
Zip Country Zip Country
24 34474 25 MARION 29 34474 30 MARION

4. FEI Number 59-2953499 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CALIENDO, DANIEL J.
2825 SE 49TH AVENUE
OCALA FL 32671

10. Name and Address of New Registered Agent
B1 Name FRANK E CALIENDO
B2 Street Address (P.O. Box Number is Not Acceptable) 505 SE 45th TERR
B3
B4 City Ocala FL B5 Zip Code 34471

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 Frank E Caliendo FRANK E CALIENDO DATE 1-18-95

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CALIENDO, DANIEL J.
STREET ADDRESS	2825 S.E. 49TH AVENUE
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	CALIENDO, DANIEL J.
STREET ADDRESS	2825 S.E. 49TH AVENUE
CITY-ST-ZIP	OCALA 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	VICE PRESIDENT (VP) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANK CALIENDO
1.3 STREET ADDRESS	505 SE 45th TERR
1.4 CITY-ST-ZIP	OCALA FL 34471
2.1 TITLE	(D) DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK CALIENDO
2.3 STREET ADDRESS	505 SE 45th TERR
2.4 CITY-ST-ZIP	OCALA FL 34471
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 1 (6.07(3)(b), 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 appointed 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: Frank E Caliendo FRANK E CALIENDO 1/18/95 9046202900