

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # *Amended # K 95764*
 1. Corporation Name *CALIENDO LIMOUSINE SALES INC.*

FILED
 98 NOV -9 PM 2:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified *06/15/1989*

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For

21 *1580 PALM BAY RD NE* 26 *1580 PALM BAY RD NE* 59-2953499 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 *PALM BAY FL* 28 *PALM BAY FL* 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

24 *32905* 25 *BREVARD* 29 *32905* 30 *BREVARD*

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

81 Name *RICHARD CALIENDO*

82 Street Address (P.O. Box Number is Not Acceptable) *1098 CAMDEN AVE NW*

83

84 City *PALM BAY* FL 85 Zip Code *32907*

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 *RICHARD CALIENDO* DATE *10-28-98*

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>PST CALIENDO, DANIEL J.</i>	1.2 NAME <i>DANIEL J. CALIENDO</i>
STREET ADDRESS <i>1510 S.W 27TH ST</i>	1.3 STREET ADDRESS <i>1219 PATRICIA</i>
CITY-ST-ZIP <i>OCALA, FL 34474</i>	1.4 CITY-ST-ZIP <i>WICHITA KANSAS 67208</i>
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>D CALIENDO, DANIEL J.</i>	2.2 NAME <i>D CALIENDO, DANIEL J.</i>
STREET ADDRESS <i>1510 S W 27TH ST</i>	2.3 STREET ADDRESS <i>1219 PATRICIA</i>
CITY-ST-ZIP <i>OCALA, FL 34474</i>	2.4 CITY-ST-ZIP <i>WICHITA KANSAS 67208</i>
TITLE <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>V P D FRANK CALIENDO</i>	3.2 NAME <i>V P D</i>
STREET ADDRESS <i>505 SE 45TH TERRACE</i>	3.3 STREET ADDRESS <i>CHANGE</i>
CITY-ST-ZIP <i>OCALA, FL 34471</i>	3.4 CITY-ST-ZIP <i>CHANGE</i>
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME <i>RICHARD CALIENDO</i>
STREET ADDRESS	4.3 STREET ADDRESS <i>1098 CAMDEN AVE NW</i>
CITY-ST-ZIP	4.4 CITY-ST-ZIP <i>PALM BAY FL 32907</i>
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME <i>100002689951--7</i>
STREET ADDRESS	5.3 STREET ADDRESS <i>-11/18/98--01002--009</i>
CITY-ST-ZIP	5.4 CITY-ST-ZIP <i>*****70.00 *****70.00</i>
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME <i>B. 11/13/98</i>
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	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.

SIGNATURE: *Daniel J. Caliendo* DANIEL J. CALIENDO PRESIDENT DATE *11-2-98* DAYTIME PHONE # *316 6869333*

CR2E034 (5/98)