

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morthland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L25924 (6)

1. Corporation Name

LIFESTYLES LIMOUSINE SERVICES, INC.

Principal Place of Business

Mailing Address

2610 BOCA CIEGA DR. NORTH
ST. PETERSBURG FL 33710

2610 BOCA CIEGA DR. NORTH
ST. PETERSBURG FL 33710

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CARSON, GUY
2610 BOCA CIEGA DR. NO
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified

10/26/1989

3a. Date of Last Report

08/15/1995

4. FEI Number

65-0262211

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. 199.03?
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VDS
NAME GUY, CARSON
STREET ADDRESS 2610 BOCA CIEGA DR. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 City-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 City-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 City-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 City-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 City-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CARSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96

Date

813-528-0667

Daytime Phone #

CR2E034 (3/96)