

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:08

DOCUMENT # **L49619** (4)

1. Corporation Name
AT YOUR SERVICE LIMOUSINE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Previous Place of Business: 10116 US HWY 19, PORT RICHEY FL 34668, US
3. Mailing Address: 10116 HWY 19, PORT RICHEY FL 34668, US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **02/07/1990**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-2994825**
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**
6. This Corporation has liability for intangible tax under § 199.042, Florida Statute: Yes No

2. Principal Place of Business: 21 State Apt # etc: 22 City & State: 23 City: 24 State: 25 Country: 26 Mailing Address: 27 State Apt # etc: 28 City & State: 29 City: 30 Country:

9. Name and Address of Current Registered Agent

KINSEY, FRANCIS M. ESQ
240 PLANT AVE SUITE B308
TAMPA FL 33606

10. Name and Address of New Registered Agent

B1 Name: **Keith F. Roberts**
B2 Street Address (P.O. Box Number is Not Acceptable): **201 N. MacDill Ave.**
B3 City: **Tampa**
B4 City: **Tampa** B5 State: **FL** B6 Zip Code: **33609**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.1508, Florida Statute.

SIGNATURE: *Keith F. Roberts* 5/1/95

12. OFFICERS AND DIRECTORS
1. TITLE: **PST**
2. NAME: **BAKER, GILBERT R.**
3. STREET ADDRESS: **8936 BAYAUD DRIVE**
4. CITY, ST, ZIP: **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME: Change Addition
3. STREET ADDRESS: Change Addition
4. CITY, ST, ZIP: Change Addition
5. TITLE: Change Addition
6. NAME: Change Addition
7. STREET ADDRESS: Change Addition
8. CITY, ST, ZIP: Change Addition
9. TITLE: Change Addition
10. NAME: Change Addition
11. STREET ADDRESS: Change Addition
12. CITY, ST, ZIP: Change Addition
13. TITLE: Change Addition
14. NAME: Change Addition
15. STREET ADDRESS: Change Addition
16. CITY, ST, ZIP: Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b), Florida Statute. I further certify that the information included on the 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 have been empowered to execute this report as required by Chapter 107, Florida Statute, and that my name appears on Block 12 or Block 13 if a change of or on an alternate form with an address.

SIGNATURE: *Gilbert R. Baker* 4/30/95 (813) 930 8070
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

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

INCORPORATION
ARTICLE 14, CHAPTER 617
1995



STATE OF FLORIDA
DEPARTMENT OF STATE
CORPORATION
CORPORATION
CORPORATION

APPROVED
FILED

DOCUMENT # **L50123** (3)

FLEA MARKET SUPPLIER, INC.

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SCOTT R JAY
420 LINCOLN RD. STE 327
MIAMI BCH FL 33139-0908
US

8390 NW 58 ST
420 LINCOLN RD. SUITE 327
MIAMI BEACH FL 33166
US

21	8390 NW 58 Street	26	8390 NW 58 Street
22		27	
23	Miami, FLORIDA	28	MIAMI FLORIDA
24	33166	25	USA
29	33166	30	USA

3. Date of Incorporation	02/15/1990	3a. Date of Last Report	03/23/1994
4. Filing Number	59-2993673	Applied For	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Payments		\$5.00 May Be Added to Fees	
7. Florida State Tax			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JAY, SCOTT R. 420 LINCOLN RD SUITE 327 MIAMI BEACH FL			
81	Name	82	Street Address (P.O. Box Number is Not Acceptable)
83		84	City
		85	Zip Code
			FL

11. I, the undersigned, being duly sworn, depose and say that I am the duly authorized representative of the above named corporation and that I am duly qualified to execute this statement for the purpose of appointing the registered officer or registered agent of the corporation in the State of Florida. Each 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 imposition of the tax as set forth in Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ALTERNATE REGISTERED OFFICERS AND REGISTERED AGENTS	
NAME	DPS HUYNH, HA TUYET 8390 NW 58TH ST MIAMI FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	MIAMI FL	CITY	
STATE	FL	STATE	
ZIP		ZIP	
NAME	VD VO, TOM 8390 NW 58TH ST MIAMI FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	MIAMI FL	CITY	
STATE	FL	STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information supplied with this filing voluntarily furnished and checked and qualify for the exemption stated in Article 14(1)(c), this Chapter Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same legal effect as if made by the state. That I am an officer or director of the corporation or the receiver or trustee empowered to exercise the powers of the corporation as required by Florida Statutes, and that the nature appears in Block 12 or 13 of this report or an annual report with an address.

SIGNATURE: *Tom Vo* TOM VO, VP
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

APR 28, 95 (305) 4710603