FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:45

DOCUMENT # **M03307** **(9)**

1. Corporation Name
ROYAL LIMOUSINE CORPORATION

Principal Place of Business	Mailing Address
1100 LEE WAGENER BLVD. SUITE 309 FT. LAUDERDALE FL 33315 US	1100 LEE WAGENER BLVD. SUITE 309 FT. LAUDERDALE FL 33315 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1984
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 613 LAYNE BLVD	Suite, Apt. #, etc. 27 613 LAYNE BLVD
City & State 23 HALLANDALE FL	City & State 28 HALLANDALE FL
Zip / Country 24 33009 / 25 USA	Zip / Country 29 33009 / 30 USA

4. FEI Number: 59-2436682 ☐ 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	10. Name and Address of New Registered Agent
RASSIGER, FELICIA 1100 LEE WAGENER BLVD. SUITE 309 FT. LAUDERDALE FL 33315	81 Name: RASSIGER FELICIA 82 Street Address (P.O. Box Number is Not Acceptable): 613 LAYNE BLVD 83 84 City: HALLANDALE FL 85 Zip Code: 33009

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: Felicia Rassiger 3/27/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	RASSIGER, PHYLLIS F.	1.2 NAME	RASSIGER FELICIA	
STREET ADDRESS	2450 HOLLYWOOD BLVD #101	1.3 STREET ADDRESS	613 LAYNE BLVD	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Felicia Rassiger 3/27/95 305-458-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000010 CP