

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M48539** (4)
1. Corporation Name
CLUB LIMOUSINE SERVICE, INC.



Principal Place of Business 6390 NW 53RD ST #300 ROCHESTER BLDG / SUITE 300 MIAMI FL 33156	Mailing Address 6390 NW 53RD ST #300 ROCHESTER BLDG / SUITE 300 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12050 NE 14 AVE Suite, Apt. #, etc. 22 City & State 23 Miami FI Zip 24 33161 Country 25 DADE		2a. Mailing Address 26 12050 NE 14 AVE Suite, Apt. #, etc. 27 City & State 28 Miami FI Zip 29 33161 Country 30 DADE		3. Date Incorporated or Qualified 03/17/1987	
4. FEI Number 65-0056340		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent 1 AUSTIN, RICHARD B 6390 NW 53RD ST #300 MIAMI FL 33156				10. Name and Address of New Registered Agent 81 Name MICHAEL J. CAMPANILE 82 Street Address (P.O. Box Number is Not Acceptable) 12050 NE 14 AVE 83 84 City MIAMI FL 85 Zip Code 33181	

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 *Michael Campanile* DATE **4/10/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	CAMPANILE, MICHAEL J.	1.2 NAME	
STREET ADDRESS	12050 N.E. 14TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
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: *Michael Campanile* DATE **4/12/98**

CR2E034 (10/97)