

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90079 012 ***158.75

DOCUMENT # M48539

1. Corporation Name
CLUB LIMOUSINE SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12050 NE 14TH AVE
MIAMI FL 33161
US

Mailing Address
12050 NE 14TH AVE
MIAMI FL 33161
US

3. Date Incorporated or Qualified

03/17/1987

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

4. FEI Number

65-0056340

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

CAMPANILE, MICHAEL J
12050 NE 14TH AVE
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name Robert D. Hamman
82 Street Address (P.O. Box Number is Not Acceptable)
1500 Belvedere Rd
83
84 City West Palm Beach FL 85 Zip Code 33406

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 ROBERT D. HAMMAN

4/30/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PSD			<input checked="" type="checkbox"/>
	CAMPANILE, MICHAEL J.	12050 N.E. 14TH AVENUE	NORTH MIAMI FL	
	Washington, Vincent A.	4530 Wisconsin Ave N.W.	Washington, DC 20016	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	CP			<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Wolfington, Vincent A.	4530 Wisconsin Ave N.W.	Washington, DC 20016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3 STREET ADDRESS				<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4 CITY-ST-ZIP				<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	V			<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Thomas, Guy	4530 Wisconsin Ave N.W.	Washington, DC 20016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.3 STREET ADDRESS				<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.4 CITY-ST-ZIP				<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	SD			<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Dailey, Don R	4530 Wisconsin Ave N.W.	Washington, DC 20016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.3 STREET ADDRESS				<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.4 CITY-ST-ZIP				<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	T			<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Haedicke, David	4530 Wisconsin Ave N.W.	Washington, DC 20016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.3 STREET ADDRESS				<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.4 CITY-ST-ZIP				<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	JP			<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Robert Hamman	1500 Belvedere Road	West Palm Beach, FL 33406	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.3 STREET ADDRESS				<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.4 CITY-ST-ZIP				<input type="checkbox"/>	<input checked="" type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/29/99 (202) 845-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)