

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 #	M72842	(1)
1. Corporation Name CITY TAXI, INC.		

Principal Place of Business 1355 MARKET ST. A-3 TALLAHASSEE FL 32308	Mailing Address CITY TAXI 4325 SNOOPY LANE TALLAHASSEE FL 32303 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1715 RIVERBIRCH HOLLOW Suite, Apt. #, etc. 22 Tallahassee City & State 23 FLA Zip 24 32308	2a. Mailing Address 26 1715 RIVERBIRCH HOLLOW Suite, Apt. #, etc. 27 Tallahassee City & State 28 FLA Zip 29 32308	Country 25 USA Country 30 USA
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3. Date Incorporated or Qualified 03/21/1988	4. FEI Number 59-2887906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SLOAN, ANNIE D 4325 SNOOPY LANE TALLAHASSEE FL 32303	10. Name and Address of New Registered Agent 81 Name BERT SANDERS 82 Street Address (P.O. Box Number is Not Acceptable) 1715 RIVERBIRCH HOLLOW 83 84 City TALLAHASSEE FL 85 Zip Code 32308
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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 Bert Sanders / BERT SANDERS 4-21-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOAN, ANNIE DELORIES 4420 SHANNON LAKES W. TALLAHASSEE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRISON, LUCY 4325 SNOOPY LN. TALLAHASSEE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P BERT SANDERS 1715 RIVERBIRCH HOLLOW TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP BERNARD SANDER 4057 BENCHMARK TRALE TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 B. + S. O. / B. T. S. 4-21-98 850 870 1100

CR2E034 (10/97)