

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1988

4. FEI Number: 59-2887906 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 1715 RIVERBIRCH HOLLOW TALLAHASSEE FLA 32308 USA  
2a. Mailing Address: 26 1715 RIVERBIRCH HOLLOW TALLAHASSEE FLA 32308 USA

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: 1715 RIVERBIRCH HOLLOW 84 City: TALLAHASSEE FL 85 Zip Code: 32308

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 DATE: 4-21-98

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	SLOAN, ANNIE DELORIES	
STREET ADDRESS	4420 SHANNON LAKES W.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	DELETED
NAME	FRISON, LUCY	
STREET ADDRESS	4325 SNOOPY LN.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	BERT SANDERS		
1.3 STREET ADDRESS	1715 RIVERBIRCH HOLLOW		
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308		
2.1 TITLE	VP	Change	Addition
2.2 NAME	BERNARD SANDERS		
2.3 STREET ADDRESS	4057 BENCHMARK TRALE		
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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.

CR2E034 (10/97)