

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

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**Apr 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M76489 (7)

1. Corporation Name
A ECONOMY LIMOUSINE OF FLORIDA, INC.



Principal Place of Business C/O ROBERT LOUIS CAPOBIANCO 4529 SQUARE LAKE DR. PALM BEACH GARDENS FL 33418	Mailing Address C/O ROBERT LOUIS CAPOBIANCO 4529 SQUARE LAKE DR. PALM BEACH GARDENS FL 33418-6162
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip	24 Country	25 Country	29 Country	30 Country
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3. Date Incorporated or Qualified 04/14/1988	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0048361	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CAPOBIANCO, ROBERT LOUIS
4529 SQUARE LAKE DR.
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 for the firm named with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE: *Robert Louis Capobianco* **ROBERT LOUIS CAPOBIANCO** **3/20/97**
(Signature typed, printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating). DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAILEY, CORAL M.	
STREET ADDRESS	4529 SQUARE LAKE DR.	
CITY - ST - ZIP	PALM BCH. GARDENS FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	BAILEY, CORAL M.	
STREET ADDRESS	4529 SQUARE LAKE DR.	
CITY - ST - ZIP	PALM BCH GARDENS FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	BAILEY, CORAL M.	
STREET ADDRESS	4529 SQUARE LAKE DR.	
CITY - ST - ZIP	PALM BCH GARDENS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BAILEY, CORAL M.	
STREET ADDRESS	4529 SQUARE LAKE DR.	
CITY - ST - ZIP	PALM BCH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Coral M. Bailey* **CORAL M. BAILEY** **3/20/97** **476275441**
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #)

CR2E034 (9/96)