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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

M76489

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A ECONOMY LIMOUSINE OF FLORIDA, INC.

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Mar 27 1998 8:00am	l
Secretary of State	

Principal Plac	pe of Business	Mail	ling Address			*********	T TOO TOO THE TITLE TO THE TOTAL TO THE SET THE TAILS	IBIE VEBEL UIL	III MEDII DEBU BID	II WANEL AND I
C/O ROBERT LOUIS CAPOBIANCO			O ROBERT LOUIS CA	APOBIAN	co					
			29 SOUARE LAKE DR				DO NOT WOR	C ALTUR	00405	
PALM BEACH	H GARDENS FL 33418	PAI	LM BEACH GARDENS	5 FL 3341	18		DO NOT WRIT		SPACE	
							04/14/1988			
2. Principal P	Place of Business	28.	Mailing Address				4. FEI Number		Δ	oplied For
21		26					65-0048361		<del> </del>	of Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			<del></del>		laf	\$8.75	
22		27					5. Certificate of Status Desired	X		quired
City & Stat	te		City & State	····		····	6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added	
Zip	Country	7	Zip	Co	ountry		8. This corporation owes or has p	aid the cu		
24	[25]	29		30	<del> </del>		Personal Property Tax due Jun			No
<u></u>	g. Name and Address of Curr	ent Registe	red Agent		-		10. Name and Address of New R	egistered	Agent	<b></b>
	APOBIANCO, ROBERT LOUIS				81	Name				
	29 SQUARE LAKE DR.				82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
PA	A <b>LM B</b> EACH GARDENS FL 334 <sup>.</sup>	18								
					63					
ĺ					84	City			85 Zip	Code
	46 207.0		1.1500 E	1	لـــاِ			<u>FI</u>	<del>-</del>	
I 11. Pursuant office or r	to the provisions of Sections 607.0 registered agent/or both, in the Sta	suz and 607 ate of Florida	i. 1508, Fiorida Statul i. Such change was	ites, the i authoriz	above ed by	-named corporati	oration submits this statement for the lon's board of directors. I hereby according to the lon's board of directors and the lon's board of directors.	purpose epi the ap	of changing it pointment as	s registered registered
agent.la			Section 607.0505, FI	lorida St	atutes		•	21.	60	•
SIGNATURE	resent yearson	0		<del> </del>				3/16/	9	
40	Sprature, typed in Protect name of registered a	AND DIRECT		IL Register		nt signature require	ad when reinslating)  ADDITIONS/CHANGES TO OFF	DATE ICEDS AN	ID DIDECTOR	OC IN 10
12.	PD	IND DITE OF	DELETE		TITLE		ADDITIONS/CHANGES TO OFF	ICENS AN	Change	Addition
NAME	BAILEY, CORAL M.		<u>_</u>		NAME	}				
STREET ADDRESS	4529 SQUARE LAKE DR.					ADDRESS				
CITY-ST-ZIP	PALM BCH. GARDENS FL				CITY-\$1					
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14. Thereby 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 of angled. or on an attention and directors of the corporation of the corporation of the corporation of the corporation of 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 of angled. Or on an attention of the corporation of the corporatio

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