

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M91262 (9)**

1. Corporation Name
WEST COAST TAXI CAB, INC.



Principal Place of Business: **2472 N. PENNSYLVANIA AVE. CRYSTAL RIVER FL 34428 US**
Mailing Address: **2472 N. PENNSYLVANIA AVE. CRYSTAL RIVER FL 34428 US**

3. Date Incorporated or Qualified: **07/22/1988**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2910793**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 Same**
2a. Mailing Address: **26 Same**
22. City & State: []
27. City & State: []
23. Zip: [] Country: []
28. Zip: [] Country: []
24. [] 25. [] 29. [] 30. []

9. Name and Address of Current Registered Agent

**BLOWERS, MARK E.
2472 N PENNSYLVANIA AVE
CRYSTAL RIVER 32629**

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 607.0607 and 607.150a, 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 607.0606, Florida Statutes.

SIGNATURE: [] DATE: []

12. OFFICERS AND DIRECTORS

1. TITLE: D	NAME: BLOWERS, MARK E.	STREET ADDRESS: 2472 N. PENNSYLVANIA AVE.	CITY-STATE-ZIP: CRYSTAL RIVER FL	<input type="checkbox"/> DELETE
2. TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE
3. TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE
4. TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE
5. TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE
6. TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:	
3. STREET ADDRESS:	
4. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE:	
6. NAME:	
7. STREET ADDRESS:	
8. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE:	
10. NAME:	
11. STREET ADDRESS:	
12. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE:	
14. NAME:	
15. STREET ADDRESS:	
16. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changes, or as an attachment with an address.

SIGNATURE: *Mark Blowers* Mark Blowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96 (352) 563-2909

CR2E034 (12/95)