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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

99 NOV 15 ANTI: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M98463

Selects Lonousine, Inc.

20423 St. Rd. 7, PMB 195

Boca Retur, FL 33498

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Suite Apt #,	eh	Soite Apt #, e	tc.
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City & State		City & State	
)   	Country	Z <sub>ID</sub>	ć
· •	25	29	30

9. Name and Address of Current Registered Agent
Frederic Althori
20423 St Rd 7, PMB 195
Bocy Raton, FL 33498

DO NOT	WRITE	IN THIS	SPACE

,	9113 18 4. FEI Number 65-0076391		Applied For Not Applicable
	5. Certifcate of Status Desired	×	\$8.75 Additional Fee Required
	Election Campaign Financing     Trust Fund Contribution	ΓI	\$5.00 May Be Added to Fees
	8. This corporation owes the curre	ent year I	ntangible

8.	This corporation owes the current year I	ntangible
	This corporation owes the current year I Personal Property Tax.  Name and Address of New Registere	<b>X</b> Ye
10.	Name and Address of New Registere	d Agent

3. Date Incorporated or Qualifed

\ddress (P	O. Box N	lumber is No	ot Acceptable	)	

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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

81 Name

City

SIGNATURE		egistered Agent signature requ	ired when reinstating) DATE		
12	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
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14. Hieretry 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 sectute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block. 12 or Block 13 if changed, or or an attachment with an address with all other like empowered. Frederick

SIGNATURE: ~

SIGNATURE AND TYPED OR

14/1/23 Date

85 Zip Code

FL

6971 N. Federal Highway • Suite 402 • Boca Raton, Florida 33487 • Tel: (561) 995-1070 • Fax: (561) 994-5506

November 8, 1999

Division of Corporations Annual Reports Filings PO Box 1500 Tallahassee, Florida 32302

Dear Sir or Madam:

Enclosed please find the 1999 Corporate Annual Report of Select Limousine, Inc.. along with their check for \$150. They have no record of having received any correspondence from your office regarding this form. They were originally incorporated at a different address. This would be the first time they have failed to file this form from their current address and had they received it they would have surely sent it in right away.

Per instructions from your office we received the blank form enclosed and are immediately remitting it with payment. They are a small family owned corporation and are compliant with the IRS and Florida Department of Revenue in regards to all tax filings and payments.

We understand the need to have enforcement and compliance penalties, but feel that it is not warranted in this case. Such an added penalty would be an unbearable burden to this company as their business supports the owner's family and can not afford large unexpected expenses such as this.

We appreciate your kind assistance in this regard and you have our assurances that we will always endeavor to make all future filings and payments in a timely manner.

Sincerely,

Richard J. Gross, C.P.A.

W.f.rcA

For the Firm