

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # N44637 (9)
 1. Corporation Name

LIMOUSINE ASSOCIATION OF TAMPA BAY, INC.



Principal Place of Business
**2450 N. SHORE BLVD
 SUITE 210
 TAMPA FL 33607**

Mailing Address
**P.O. BOX 5231
 TAMPA FL 33605
 US**

3. Date Incorporated or Qualified **06/12/1991** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business
 21 **5982 106th Terrace N** 2a. Mailing Address
 26 **5982 106th Terrace N.**

4. FEI Number **59-3083827** Applied For
 Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **Pinellas Park, Fla** 28 City & State **Pinellas Park, Fla**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33782** 25 Country **U.S.** 29 Zip **33782** 30 Country **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MONGELLO, GUY
 5982 106TH TERRACE N.
 SUITE 210
 PINELLAS PARK FL 34866**

10. Name and Address of New Registered Agent
 81 Name **Mongello, Guy**
 82 Street Address (P.O. Box Number is Not Acceptable) **5982 106th Terrace N.**
 83
 84 City **Pinellas Park** FL 85 Zip **33782**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, ORLANDO	1.2 NAME	
STREET ADDRESS	2414 S 46TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONGELLO, GUY	2.2 NAME	
STREET ADDRESS	5982 106TH TERRACE N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, THOMAS	3.2 NAME	
STREET ADDRESS	514 59TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLEVIN, JUNE	4.2 NAME	
STREET ADDRESS	1741 SUE DRIVE	4.3 STREET ADDRESS	Mekler, Irvin
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	2992 Farnham Way
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHER, FRED	5.2 NAME	
STREET ADDRESS	12265 SHAFTON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, DAVE	6.2 NAME	
STREET ADDRESS	1389 PASADENA AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irvin Mekler **IRVIN MEKLER** 6/30/96 813-446-8055
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)