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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44637

(9)

LIMOUSINE ASSOCIATION OF TAMPA BAY, INC.

Principal Place of Business Mailing Address																		
5982 106TH TERR N SUITE 210				5982 106TH TERR N PINELLAS PARK FL 33782-2600														
PINELLAS PARK FL 33782			US						<u> </u>	Data !	nAA!~~~	lod or C	Duntific -	, T.	a Do	to of La	et De	ovel 1
US										00	ncorpora 3/12/19		Juailiteo	<u>'</u>		te of La)7/12/	1996	3
2. Principal Place of Business				2a. Mailing Address					4.	FO 0000007					4	lied For		
21		26					_							Applicable				
Suite, Apt. 6	#, etc.	Suite, Apt. #, etc.					5.	Certifi	cate of S	tatus De	berize					ditional ulred		
City & State				City & State						Flandi								
City & State				28					B.		on Camp Fund Cor	-	-	Ε	٦			Aay Be Fees
Zip Country				Zip Country					8									
24		25	29	 		30			8. This corporation has liability for intangible tax Florida Statutes Yes N					No	No			
[]		and Address of Current		ed Agent		Ι			10.	Name	and Ad	dress o	f New F	Regis	tered /	Agent		
						81	N	Name										
MONGEL		M		82 Street Ac					Address (P.O. Box Number is Not Acceptable)									
5982 106 SUITE 21	STH TERR I																	
	S PARK FL						Nis.								les I	Zip C	ode	
						84		City							FL	1	•	
11. Pursuant I	to the provis	ions of Sections 617.0502 ent, or both, in the State	and 617.	1508, Florida Stati	utes, the	e above)- <u>n</u> i	amed c	corporatio	n subn	nits this s	tatemer	nt for the	e purp	ose of	changi	ng its	registered
office or re agent. I a	egistered ag m familiar wi	jent, or both, in the State ith, and accept the obliga	or Fiorida. tions of, S	such change was section 617.0503, f	s autnor Florida S	statutes	7 IN 3.	ie corpo	ORBIDO S D	ouaru (n unecto	is. i ner	eny soc	pahr (ne app		1.00	pBioloi BN
SIGNATURE																		· · · · · · · · · · · · · · · · · · ·
	Signature, typed	or printed name of registered ager		· · · · · · · · · · · · · · · · · · ·			ent si	signature re	required wher			111050	TO 05		DATE	Dipco	TOP	- INI 40
12.		OFFICERS AND	DIRECTO			13.				ADDIT	ONS/CH	ANGES	TO OF	FICER	IS AND	☐ Cha		Addition
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		IS PARK FL				2. 4 CITY - S												
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TITLE	D			DELETE		4.1 TITLE										Cha	nge	Addition
NAME	MEKLER	R, IRVIN			4	4. 2 NAME												
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CITY-ST-ZIP		VATER FL			4	4.4 CITY - S	5T - Z	ZIP										
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NAME		er, fred				5.2 NAME												
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CITY-ST-ZIP	SPRING	HILL FL				5.4 CITY-S	ST-2	ZIP								11 AE		A dalista
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NAME	SHAW,					6.2 NAME												
STREET ADDRESS	4	ASADENA AVE.				6.3 STREET												
City-St-ZiP	i st. pet	ERSBURG FL 33707 at the information supplied	d with thi-	filing does not an		6.4 CITY-S			tated in S	ection	110 07/2	(i) Flori	ida Stoti	ilee l	l furtho	r certifu	thet (he
1 information	halanihai az	on this annual report or s	unniaman	ital annual report i	ie frina ai	od accı	IFA	ata and t	that my s	sionatur	a shall h	ave the	sama la	enale:	iffect a	s if mad	a unc	ler oath: Ihat
l am an o appears i	micer or dire in Block 12 (ector of the corporation or or Block 13 if changed, or	tne receiv on an atta	er or trustee empe achment with an a	owered address	O BXBC)الماز	ម រូវានៃ (ខ	eport as f	equire:	oy Cha ,	pter 617	r, Floria	ia 5(8)	iules; 8	uiu mat	iny n	aijit