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Mar 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # N97000002029 (3)

1. Corporation Name

AMERICAN PROFESSIONAL CAB DRIVERS OF BROWARD COUNTY, INC.



Principal Place of Business Mailing Address

1980 NORTHWEST 46 AVENUE #433 LAUDERHILL FL 33313

1980 NORTHWEST 46 AVENUE #433 LAUDERHILL FL 33313

2. Principal Place of Business 2a. Mailing Address

21 2030 26 400 N ANDREW AVE

22 Ft LAUDERDALE 27 203

23 Florida 28 Ft LAUDERDALE FL

24 33301 25 Broward 29 33301 30 Broward

9. Name and Address of Current Registered Agent

DESANTUS, VIOLETTE  
1980 NORTHWEST 46 AVENUE #433  
LAUDERHILL FL 33313

3. Date Incorporated or Qualified 04/10/1997

4. FEI Number 494-A00018114 Applied For N97000002029 Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

81 Name Robert ESCALONA

82 Street Address (P.O. Box Number is Not Acceptable) 220-15 SW 66 AVE

83

84 City Boca Raton FL 85 Zip Code 33421

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 ROBERT ESCALONA Robert Escalona 02-11-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	DELETE		1.1 TITLE	President	Change	Addition
NAME	Gerlyn L. Cadet D			1.2 NAME	Gerlyn L. Cadet D.		
STREET ADDRESS	1906 SW 8th			1.3 STREET ADDRESS	1906 SW 8th Ftland FL 33312		
CITY-ST-ZIP	Ft LAUDERDALE FL 33312			1.4 CITY-ST-ZIP	Ftland FL 33312		
TITLE	Secretary	DELETE		2.1 TITLE		Change	Addition
NAME	Frantz Pierre			2.2 NAME			
STREET ADDRESS	4005 N UNIVERSITY DR #0212			2.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE CITY FL 33351			2.4 CITY-ST-ZIP			
TITLE	Agent	DELETE		3.1 TITLE	Secretary	Change	Addition
NAME	Robert ESCALONA			3.2 NAME	Frantz Pierre D.		
STREET ADDRESS	220-15 SW 66th			3.3 STREET ADDRESS	4005 N UNIVERSITY DR #0212		
CITY-ST-ZIP	BOCA RATON FL 33421			3.4 CITY-ST-ZIP	SUNRISE CITY FL 33351		
TITLE		DELETE		4.1 TITLE	Agent	Change	Addition
NAME				4.2 NAME	Robert ESCALONA		
STREET ADDRESS				4.3 STREET ADDRESS	220-15 SW 66th		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	BOCA RATON FL 33421		
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME	200002455622		
STREET ADDRESS				6.3 STREET ADDRESS	-03/12/98--01034--024		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	***61.25		

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

SIGNATURE Robert Escalona 02-11-98