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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000042435 (6)

1. Corporation Name

BROWARD AIRPORT & LIMOUSINE SERVICE, INC.

Principal Place of Business

7540 NW 5 ST
SUITE 6
PLANTATION FL 33317
US

Mailing Address

P O BOX 17742
FT LADUERDALE FL 33318-7742
US



3. Date Incorporated or Qualified

06/16/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 6554 NW 13 CT

Suite, Apt. #, etc.

22

City & State

23 Fort. LAUDERDALE, FLA

Zip

24 33313

Country

25 BROWARD

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

Suite, Apt. #, etc.

31

City & State

32

Zip

33

Country

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Suite, Apt. #, etc.

35

City & State

36

Zip

37

Country

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Suite, Apt. #, etc.

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City & State

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Zip

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Country

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Suite, Apt. #, etc.

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City & State

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Zip

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Country

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Suite, Apt. #, etc.

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City & State

48

Zip

49

Country

9. Name and Address of Current Registered Agent

DESANTI, ROBERT
620 NW 73 AVE
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name ROBERT DESANTI
82 Street Address (P.O. Box Number is Not Acceptable) 6554 N.W. 13 CT
83
84 City Fort. LAUDERDALE FL 85 Zip Code 33313

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DESANTI, ROBERT	
STREET ADDRESS	620 NW 73 AVE	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DESANTI, LOUIS	
STREET ADDRESS	5501 NW 50 AVE	
CITY - ST - ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6554 N.W. 13 CT
1.4 CITY - ST - ZIP	Fort LAUDERDALE, FLA 33313
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Desanti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30 1997

791-3000

CR2E034 (9/96)