



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

FILED  
May 06 1997 8:00am  
Secretary of State

| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997  |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS   |                         |
|--|--|---|-------------------------|
| DOCUMENT # P94000002495<br>1. Corporation Name<br>ALLPOINTS LIMOUSINE SERVICES INC.  |  |   |                         |
| Principal Place of Business<br>1610 NE 33 ST<br>Pompano Beach FL 33064   |  | Mailing Address   |                         |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>Dec 12 1996  | 3a. Date of Last Report |
| 9. Name and Address of Current Registered Agent<br>Kenneth Halpern<br>1610 NE 33 ST<br>Pompano Beach FL 33064  |  | 10. Name and Address of New Registered Agent<br>81 Name SAME<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code   |                         |
| 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.<br>SIGNATURE:  KENNETH HALPERN DATE: 4-14-97<br>(NOTE: Registered Agent signature required when reinstating) |  |   |                         |
| 12. OFFICERS AND DIRECTORS<br>TITLE: PRESIDENT/VP/T/S/D<br>NAME: KEN HALPERN<br>STREET ADDRESS: 1610 NE 33 ST<br>CITY-STATE-ZIP: Pompano Beach FL 33064  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-STATE-ZIP<br>21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-STATE-ZIP<br>31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-STATE-ZIP<br>41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-STATE-ZIP<br>51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-STATE-ZIP<br>61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-STATE-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)(j), 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.                             |  | 900002177179<br>-05/13/97--01091--036<br>***165.00  |                         |
| SIGNATURE: Kenneth Halpern<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | 4-14-97 9547838580<br>Date Daytime Phone #  |                         |

CR2E034 (9/96)