

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State
07-15-1999 90008 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000002495**

1. Corporation Name

ALL POINTS LIMOUSINE SERVICES, INC.

Principal Place of Business

Mailing Address

**1610 N.E. 33 ST.
POMPANO BEACH FL 33064**

**1610 N.E. 33 ST.
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1994

4. FEI Number

65-0460022

Applied For

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

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 75 NE 6TH AVE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 109

27

City & State

City & State

23 DELRAY BCH, FL

28

Zip

Zip

24 33483

29

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARRY, PEGGY L
1515 NORTH FEDERAL HWY
STE 300
BOCA RATON FL 33432**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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.

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVP** ☐ DELETE

NAME **HALPERN, KENNETH**

STREET ADDRESS **1610 N.E. 33 ST.**

CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **VP** ☐ DELETE

NAME **BESERANY, JOHN**

STREET ADDRESS **1610 NE 33 ST**

CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **4830 A WOOD GARDENS CIR NW**

2.4 CITY-ST-ZIP **B.A. FL 33456**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

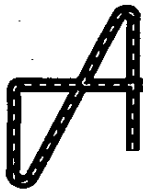
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/99 561-266-9255

CR2E034 (5/99)



ALL POINTS



LIMOUSINE SERVICES, INC.

P94000002495

588794-90008-28

PALM BEACH (561) 266-9255 • BROWARD (954) 783-8380

TOLL FREE 1-888-850-3337 • FAX (561) 272-4711

TO: WHOM IT MAY CONCERN

FROM: ANNE GORCYCA @ ALL POINTS LIMO

DATE: 7/8/99

SUBJECT: 1999 ANNUAL REPORT

Per my phone conversation with your office on Friday, July 2nd, I was told to send a letter stating I never received the original 1999 Annual Report. The only one I received was the 2nd notice.

Enclosed, please find check #2067 for \$150.00

This will constitute payment in full for All Points Limousine.

If you have any further questions, please feel free to give me a call at the above listed phone number.

Sincerely yours,

Anne Gorcyca