

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:18

DOCUMENT # P94000005583 (7)
1. Corporation Name
FIFTH AVENUE LIMOUSINE, INC.

Principal Place of Business: 3457 AMBASSADOR AVE, SPRING HILL, FL 34609
Mailing Address: 3457 AMBASSADOR AVE, SPRING HILL, FL 34609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 8144 EARLESHIRE LANE, 22 Suite, Apt. #, etc.
2a. Mailing Address: 26 8144 EARLESHIRE LANE, 27 Suite, Apt. #, etc.
23 City & State: SPRING HILL FL
28 City & State: SPRING HILL FL
24 ZIP: 34606, 25 Country: USA, 29 ZIP: 34606, 30 Country: USA

3. Date Incorporated or Qualified: 01/14/1994
3a. Date of Last Report
4. FEI Number: 59-3220871
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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GROESBECK, PAUL J
3457 AMBASSADOR AVE
SPRING HILL FL 34609

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ DATE: _____
Signature (print or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when certifying)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | D | 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROESBECK, PAUL J | 12 NAME | |
| STREET ADDRESS | 3457 AMBASSADOR AVE | 13 STREET ADDRESS | |
| CITY - ST - ZIP | SPRING HILL FL 34609 | 14 CITY - ST - ZIP | |
| TITLE | D | 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROESBECK, NORMAN | 22 NAME | |
| STREET ADDRESS | 3457 AMBASSADOR AVE | 23 STREET ADDRESS | |
| CITY - ST - ZIP | SPRING HILL FL 34609 | 24 CITY - ST - ZIP | |
| TITLE | D | 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROESBECK, ELLEN | 32 NAME | |
| STREET ADDRESS | 3457 AMBASSADOR AVE | 33 STREET ADDRESS | |
| CITY - ST - ZIP | SPRING HILL FL 34609 | 34 CITY - ST - ZIP | |
| TITLE | | 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 13 or both, but changed, or on an attachment with an address.

SIGNATURE: Paul J Groesbeck President 5-18-95 904.686.8030
DATE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR