

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 Mailing Address
3457 AMBASSADOR AVE 3457 AMBASSADOR AVE
SPRING HILL FL 34609 SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report
01/14/1994
4. FEI Number Applied For
59-3220871 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 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 _____ 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
PRINT NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)