

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000005583 (7)

1. Corporation Name
FIFTH AVENUE LIMOUSINE, INC.



Principal Place of Business: **8144 EARLSHIRE LANE SPRING HILL FL 34606 US**
Mailing Address: **8144 EARLSHIRE LANE SPRING HILL FL 34606 US**

3. Date Incorporated or Qualified: **01/14/1994**
3a. Date of Last Report: **05/25/1995**
4. FEI Number: **59-3220871**
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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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: **GROESBECK, PAUL J.**
82 Street Address (P.O. Box Number is Not Acceptable): **8144 EARLSHIRE LANE**
83
84 City: **SPRING HILL** FL 85 Zip Code: **34606**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROESBECK, PAUL J	1.2 NAME	
STREET ADDRESS	3457 AMBASSADOR AVE	1.3 STREET ADDRESS	8144 EARLSHIRE LANE
CITY - ST - ZIP	SPRING HILL FL 34609	1.4 CITY - ST - ZIP	SPRING HILL FL, 34606
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROESBECK, NORMAN	2.2 NAME	
STREET ADDRESS	3457 AMBASSADOR AVE	2.3 STREET ADDRESS	8144 EARLSHIRE LANE
CITY - ST - ZIP	SPRING HILL FL 34609	2.4 CITY - ST - ZIP	SPRING HILL FL 34606
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROESBECK, ELLEN	3.2 NAME	
STREET ADDRESS	3457 AMBASSADOR AVE	3.3 STREET ADDRESS	8144 EARLSHIRE LANE
CITY - ST - ZIP	SPRING HILL FL 34609	3.4 CITY - ST - ZIP	SPRING HILL, FL 34606
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(k), 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: *Paul J. Groesbeck* **PAUL J GROESBECK** President 4-25-96 352-684-8030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)