FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMEN[illegible] STATE
Sandra B. Mor[illegible]
Secretary of St[illegible]
DIVISION OF CORPO[illegible]TIONS

APPROVED AND FILED
95 MAR 21 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040290 (6)

1. Corporation Name
NATIONAL LIMOUSINE NETWORK, INC.

Principal Place of Business	Mailing Address
619 ORTON AVENUE #302 FORT LAUDERDALE FL 33301	619 ORTON AVENUE #302 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/27/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 777 BAYSHORE DRIVE
Suite, Apt. #, etc.
22 1104
City & State
23 FORT LAUDERDALE, FL
Zip 24 33304 Country 25 USA

2a. Mailing Address
26 P.O. BOX 2114
Suite, Apt. #, etc.
27
City & State
28 FORT LAUDERDALE, FL
Zip 29 33303-2114 Country 30 USA

4. FEI Number: 65-0494456 ☐ 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

DALY, DANIEL J
619 ORTON AVENUE #302
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

91 Name: DALY DANIEL J
92 Street Address (P.O. Box Number is Not Acceptable): 777 BAYSHORE DRIVE
93: APT # 1104
94 City: FORT LAUDERDALE FL 95 Zip Code: 33304

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: x [signature] x 3/14/95
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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	DALY, DANIEL J	1.2 NAME	DALY DANIEL J	
STREET ADDRESS	619 ORTON AVENUE #302	1.3 STREET ADDRESS	777 BAYSHORE DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: x [signature] x 3/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0210074 CP