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May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000051779 (4)

1. Corporation Name

FT. LAUDERDALE LIMOUSINE SERVICE, INC.



Principal Place of Business

Mailing Address

947 S.E. 7 ST.  
DEERFIELD BEACH FL 33441

947 S.E. 7 ST.  
DEERFIELD BEACH FL 33441-5739

2. Principal Place of Business

2a. Mailing Address

21 2503 N. Ocean Blvd 26 2503 N. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 4

27 Suite 4

City & State

City & State

23 Pompano Bch., FL. 28 Pompano Bch., FL.

Zip

Country

Zip

Country

24 33062 25 USA

29 33062 30 USA

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILIPS, HARVEY  
947 S.E. 7TH ST.  
343 ALMERIA AVE.  
DEERFIELD BCH FL 33441

81 Name

HARVEY Philips

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

2503 N. Ocean Blvd.

83

Suite 4

84 City

Pompano Beach FL

85 Zip Code

33062

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

Harvey Philips

4/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME PHILLIPS, RONALD  
STREET ADDRESS 947 S.E. 7 ST.  
CITY - ST - ZIP DEERFIELD BEACH FL 33441

1.1 TITLE P  
1.2 NAME philips, Ronald  
1.3 STREET ADDRESS 2503 N. Ocean Blvd Suite 4  
1.4 CITY - ST - ZIP Pompano Beach, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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:

Ronald Philips

RONALD Philips

4/29/97 9549410602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)