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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000058455 (4)**

1. Corporation Name

AVA'S LIMOUSINES, INC.



Principal Place of Business

**14499 N DALE MABRY HWY SUITE 166
TAMPA FL 33618**

Mailing Address

**14499 N DALE MABRY HWY SUITE 166
TAMPA FL 33618**

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 521 Ehrlich Rd

26 521 Ehrlich Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 112-B

27 Suite 112-B

City & State

City & State

23 Tampa FL

28 Tampa FL

Zip

Zip

24 33624

Country

29 33624

Country

30 Hills.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHLOSSER, RICHARD A
101 E KENNEDY BLVD
4100 BARNETT PLAZA
TAMPA FL 33602**

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

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 ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **JOHNSON, AVA P**
STREET ADDRESS **14499 N DALE MABRY HWY SUITE 166**
CITY-ST-ZIP **TAMPA FL 33618**

12 NAME
13 STREET ADDRESS **521 Ehrlich Rd Suite 112-B**
14 CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
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)(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: **Y. Johnson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 988-2152
Date Daytime Phone #

CR2E034 (12/95)